

The Municipal Authority
of the
Borough of Portage
WATER DEPARTMENT 606 Cambria St
Portage, Pennsylvania 15946

This institution is an equal opportunity provider, and employer.

Telephone: (814) 736-9642

For the Hearing Impaired Use PA Relay 7-1-1

Fax: (814) 736-9766

(Office Use)

ACCOUNT # _____

DEPOSIT # _____

APPLICATION FOR SERVICE

Name

First Middle Initial Last

Service Address: _____

City, State, Zip: _____

Contact Information

Home: _____

Mobile: _____

Sign Up for Paperless Billing: **Yes** **No** *(Circle One)*

Email Address

Sign Up for Auto Pay : **Yes** **No** *(Circle One)*

Routing # _____

Account # _____

Checking or Savings *(Circle One)*

Service Start Date: _____

If you would like the bill sent to a different address, please fill out below:

Attention: _____

Address: _____

Apt: _____

City, State, Zip: _____

Property Owner Information:

(Only fill out for rental property)

Attention: _____

Address: _____

Apt: _____

City, State, Zip: _____

\$25.00 Application Fee Required

\$175.00 Deposit on Tenant Accounts Required

Property to be used as Rental: **Yes** **No** *(Circle One)*

Number of Units: _____

***Any unpaid outstanding balance remaining on the property is the responsibility of the new property owner.**

***Usage of the Authority's water services subjects the applicant to the Authority's**

Rules & Regulations and current rate fees.

I, _____, have **accepted** ☐ **rejected** ☐ copies of the Municipal
(print name)

Authority of the Borough of Portage Water Department Rules & Regulations.

Applicant's Signature

Date

MABP Representative's Signature