



**The Municipal Authority  
of the Borough of Portage  
Water Department**  
606 Cambria Street, Portage PA 15946  
(814)736-9642 FAX (814)736-9766  
www.portagewater.com

## APPLICATION FOR RESIDENTIAL SERVICE

NAME (CUSTOMER): \_\_\_\_\_

First Middle Initial Last

Service Address \_\_\_\_\_

Apt \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email: \_\_\_\_\_

Check box to select Primary Contact (Emergency Notification)

Home: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

SERVICE START DATE: \_\_\_\_\_

OWN  RENT

Property to be use as Rental  Yes # of Units \_\_\_\_\_  No

Account back to Owner in between Tenants  Yes  No

NUMBER OF RESIDENTS AT ADDRESS \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**\$100.00 Deposit on Owner Accounts Required**

**\$300.00 Deposit on Tenant Accounts Required**

### BILL TO INFORMATION:

Attention \_\_\_\_\_

Address \_\_\_\_\_

Apt \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### PROPERTY OWNER INFORMATION:

Attention \_\_\_\_\_

Address \_\_\_\_\_

Apt \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

**SIGN UP FOR AUTO PAY**

Yes  No

**ENROLL IN WATERSCOPE (if available)**

Yes  No

Usage of the Authority's water services subjects the applicant to the Authority's Rules and Regulations and current rate fees.

I, (print name) \_\_\_\_\_, have accepted  rejected  copies of the MABP RULES AND REGULATIONS

Applicant's Signature

Date

MABP Representative's Signature