



HIGHRIDGE WATER AUTHORITY

NAME: _____ DATE _____

MAILING ADDRESS: _____ ACCT#: _____

PHONE #: _____ PHONE #: _____ EMAIL: _____

SERVICE ADDRESS: _____

DESCRIPTION OF HOUSE: _____

TAX MAP # _____

OWNERS NAME _____ PHONE # _____

TYPE OF SERVICE REQUESTED: NEW TAP METER SET SUCCESSION TURN ON

METER # _____ REM # / ERM # / RADIO # _____

READING _____

| APPLICABLE FEES PAID OR BILLABLE: | AMOUNT | CHECK# | RECEIPT # | DATE |
|--|-------------------|--------|-----------|------|
| TENANT DEPOSIT | \$125.00 | | | |
| TURN-ON FEE | \$ 25.00 | | | |
| CUSTOMER FACILITIES FEE | \$140.00/\$200.00 | | | |
| TAP-IN FEE - 5/8 "SHORT SIDE | \$1150.00 | | | |

| | |
|---|--|
| x | OTHER INFORMATION: |
| | INITIAL READING SCHEDULED: DATE: TIME: |
| | COPY OF DEED OR SALES AGREEMENT (OWNER) |
| | COPY OF PHOTO IDENTIFICATION (TENANT) |
| | OWNER/TENANT CARD |
| | COPY OF RATE SCHEDULE / SPECIFICATIONS GIVEN TO CUSTOMER |
| | PREVIOUS OCCUPANT BALANCE DUE = |
| | CURRENT OCCUPIED NOTIFIED OF PREVIOUS BALANCE / LIEN / OTHER |



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Water customers must adhere to Pennsylvania Department of Environmental Protection's Safe Water Drinking Act that insists all water services install proper backflow prevention devices in the customer's plumbing system.

The following requirements are included in the policy:

- 1) Residential customers shall install a dual check valve (ASSE approved # 1024)
- 2) Commercial and industrial customers shall install either:
 - a) Reduced Pressure Assemblies (RPZ) - ASSE approved #1013 or
 - b) Double Check Valve Assembly (DCVA) - ASSE approved #1015 as determined by HWA
ASSE - American Society of Sanitary Engineering
- 3) Devices and assemblies shall be installed according to manufacturer's guidelines;
- 4) RPZ's and DCV assemblies shall be tested annually by a certified backflow contractor and results furnished to HWA.

I HEREBY MAKE APPLICATION TO HIGHRIDGE WATER AUTHORITY FOR WATER SERVICE AT THE ABOVE ADDRESS UNTIL RECEIPT OF FORMAL NOTICE FROM ME REQUESTING DISCONTINUANCE OF SUCH SERVICE. I AGREE TO PAY EACH PERIOD AT THE RATES AUTHORIZED AND ABIDE BY THE RULES AND REGULATIONS WHICH HAVE BEEN OR MAY HEREAFTER BE APPROVED. I CONFIRM THAT I HAVE RECEIVED A COPY OF THE CURRENT SPECIFICATIONS AND REGULATIONS PAMPHLET.

X _____ OWNER/TENANT

OFFICE USE ONLY: INIT: _____ **NEW TAP CONTRACTOR:** _____

General: _____ addrKey _____ BSet _____ / / _____ Aset _____ div _____ reg _____ pg _____ Melnf _____