## MUHLENBERG TOWNSHIP AUTHORITY 2840 Kutztown Road Reading, PA 19605

## **APPLICATION FOR WATER SERVICE**

(Please PRINT or TYPE all information)

Subject to the established rates, rules and regulations and any changes or amendments hereafter made, I, the undersigned hereby make application for water service to begin on

DATE:		
NAME:		OWNER: 🗌 TENANT: 🗌
PROPERTY ADDRESS:		
MAILING ADDRESS:	(Complete if different than property a	address)
SIGNATURE:	PHO	

I, the owner of the above property request this application be received from my tenant list above. and I guarantee payment of all bills rendered.

OWNER'S NAME:

MAILING ADDRESS:

SIGNATURE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Applicant acknowledges that the Authority does not and will not guarantee any specific flow, fire flow and/or water pressure for the installation and use of sprinkler systems connected to the Authority's water system. By execution hereof, Applicant, on behalf of himself, herself or itself and any future owner or tenant of the Property, hereby waives and releases the Authority, its officers, members, consultants, agents and employees from any and all actions, causes of action, demands, claims, liability, damages or injuries to persons or property, costs and expenses on account of, resulting from or in any way related to the connection of a fire sprinkler system to the Authority's water system or the water flow or pressure to the Property. Applicant further waives and releases Authority, its officers, members, consultants, agents and employees from any and all actions, causes of action, demand, claims, liability, damages or injuries to persons or property resulting from or in any way related to the turning off of the water supply to the Property due to Applicants failure to pay the water bill for the Property.

NOTICE: APPLICANT IS ADVISED TO CONTACT THE APPLICABLE TOWNSHIP OFFICE TO DETERMINE WHETHER A FIRE SPRINKLER SYSTEM IS REQUIRED TO BE INSTALLED UNDER ANY APPLICABLE STATE OR MUNICIPAL BUILDING CODE OR OTHER LAW.

SIGNATURE:			
	OFFICIA	L USE ONLY	
ACCOUNT NO.:			
SERVICE NO .:			
DATE RECEIVED:			
RECEIVED BY:			
PHONE:	610-929-4709	F	AX: 610-929-2172