

## APPLICATION FOR COMMERCIAL OR PUBLIC WATER SERVICE

Date: \_\_\_\_\_

Subject to the Rules and Regulation of the Richland Township Municipal Authority of Allegheny County which, it is agreed, shall form a part of this contract, the undersigned hereby makes application to the Authority for water service at the premises located at:

**Location** \_\_\_\_\_

**Use** \_\_\_\_\_  
(i.e. Restaurant, Laundromat, School, Doctor's Office, etc)

**Owner** \_\_\_\_\_

**Address** \_\_\_\_\_

**Tenant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

### Equipment:

No. of restrooms \_\_\_\_\_ No. of urinals \_\_\_\_\_

No. of showers \_\_\_\_\_ No. of water closets \_\_\_\_\_  
Tank \_\_\_\_\_  
Flush \_\_\_\_\_

### Other Equipment:

List all other water using equipment located within the premises (i.e. dishwashers, ice makers, water fountains, sprinklers, process water used in manufacturing, washing machines) along with their rate of water use in gallons per minute (GPM).

EQUIPMENT	GPM

APPLICATION FOR COMMERCIAL OR PUBLIC WATER SERVICE  
CONNECTION  
(continued)

The applicant agrees and guarantees to pay the Authority for water service at the premises for which this application is submitted in accordance with the rates, terms, conditions, rules, and regulations applicable to the service supplied hereunder, which shall, upon date of this application, or at anytime during the period the applicant is supplied service as provided for herein, currently in effect and as indicated in the Authority's rate schedule.

Individual Liability for Joint Service: Two or more parties who join to make application for service shall be jointly and severally liable and shall be sent single periodic bills.

**This application is accompanied by a tapping and meter fee or service fee in the amount of \$\_\_\_\_\_. This fee becomes the property of the Authority and in no case will be subject to refund.**

The applicant is responsible for obtaining a Plumbing Permit from the Allegheny County Health Department.

Owner \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Accepted and Approved for the Authority by:

\_\_\_\_\_  
(Signature & Title)

\_\_\_\_\_  
(Date)

Mailing Address of the Authority  
**RTMAAC**  
**2012 Kramer Road**  
**Gibsonia, PA 15044-9632**