



HAMPTON SHALER WATER AUTHORITY

PO BOX 66
3101 McCULLY RD
ALLISON PARK, PA 15101

412-486-4867
FAX 412-486-4345
www.hswa-pa.org

Property Owner Application Water/Sewer Service

Account

Thank you for applying for water/sewer service. So that we may establish your account in an accurate and timely manner, please answer the questions below. **After completion, you may drop off at our office or email back to us at info@hswa-pa.org. Please include a copy of your driver's license.**

We look forward to providing you with quality, professional water service. Please contact us for any information about our Authority or for any assistance you may need. Thank you for the opportunity to be your water utility.

Name _____ Telephone # _____

Property address _____ E-Mail Address _____

Billing address if different _____

Type of Premises: House Apartment Townhouse Other

Is the structure new? Yes No Renter or Owner

Is water used to heat the premises? Yes No

Type of service: Residential Commercial Industrial Other

Have you ever had water service from HSWA? Yes No

If yes, address _____

If employed, employer name _____ How long employed _____

Address _____ Telephone # _____

I (We) the applicant(s) for water service from Hampton Shaler Water Authority have read and understood the above application. I (We) will be jointly bound by this application to:

1. Pay all bills for water service to the property by the due date appearing on the bill.
2. Comply with all the rules and regulations of the Hampton Shaler Water Authority, a copy of which is on file at the Authority's Office or available on-line at www.hswa@hswa-pa.org

Applicant for service _____ Date _____

OFFICE USE

Identity Verification _____

CLOSING DATE: _____

BILLING CYCLE: 1 2 3 4