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@hamptonshalerwater.gov 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