



<b>WATER SERVICE APPLICATION</b>	RETURN BY	ACCOUNT NO.	SERVICE NO.
<p>Thank you for applying for water service from Superior Water Company (Company). So that we may establish your account in an accurate and timely manner, please answer the questions below. Be sure to:</p> <p>A. Print or type complete answers to <b>ALL</b> questions <span style="float: right;"><b>**All applicants are subject to identity verification**</b></span></p> <p>B. Sign the APPLICATION in Block #7.</p> <p>We look forward to providing you with quality, professional water service. Please contact us for any information about our Company or for any assistance you many need. Thank you for the opportunity to be YOUR water company.</p>			
<b>1. APPLICANTS(S) FOR SERVICE</b>	ADULT OCCUPANT (First, Initial, Last)		TELEPHONE NO.
	MAILING ADDRESS ( Street, City, State, Zip)		EMAIL
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	MAILING ADDRESS ( Street, City, State, Zip)		EMAIL
<b>2. PROPERTY TO BE SERVED</b>	SERVICE ADDRESS (Street, City, State, Zip)		LOT NO
	TYPE OF PREMISES <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other		IS STRUCTURE NEW? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IS WATER USED TO HEAT YOUR PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RENT <input type="checkbox"/> OWN How many people will occupy this premise?
	TYPE OF SERVICE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other		DATE MOVED IN
<b>3. LANDLORD/ RENTAL AGENCY</b>	NAME (First, Initial, Last)		LENGTH OF LEASE
	ADDRESS ( Street, City, State, Zip)		TELEPHONE NO.
<b>4. FORMER RESIDENCES</b>	ADDRESS ( Street, City, State, Zip)		TELEPHONE NO.
	WATER COMPANY SERVICE PREVIOUS ADDRESS		
	NAME ACCOUNT LISTED UNDER		
	PREVIOUS LANDLORD (If any)		TELEPHONE NO.
<b>5. IF STUDENT</b>	HOME ADDRESS ( Street, City, State, Zip)		HOME TELEPHONE NO.
<b>6. IF EMPLOYED</b>	EMPLOYERS NAME		HOW LONG EMPLOYED?
	ADDRESS ( Street, City, State, Zip)		TELEPHONE NO.
	PREVIOUS EMPLOYER (If above is less than 2 yrs) Address:		TELEPHONE NO.
<p>(I)(WE), the Applicants for water service from Superior Water Company have read and understood the above application. (I)(WE) will be jointly and severally bound by this Application to:</p> <ol style="list-style-type: none"> <li>1. Pay all bills for water service to the property within twenty (20) days after the date appearing on the bill.</li> <li>2. Notify the Company in writing of (MY) (OUR) desire to discontinue water service at least 3 days prior to the proposed date of discontinuance. I understand that I will be responsible for service to the premises until 3 days after I have provided the Company with notice of intent to discontinue water service.</li> <li>3. Comply with all rules and regulations of the Pennsylvania Public Utility Commission and the Company, as contained in the Company's Tariff, a copy of which is on file at the Company's Office.</li> </ol>			
<b>READ ABOVE STATEMENTS BEFORE SIGNING</b>			
<b>7. SIGNATURES</b>	APPLICANT FOR SERVICE		APPLICANT FOR SERVICE
	DRIVER LICENSE #		DRIVER LICENSE #
	DATE		DATE
<b>COMPANY USE ONLY</b>	EMPLOYEE TAKING APPLICATION		DATE
	MAILED APPLICATION TO CUSTOMER? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE DUE
	METER SIZE	SERVICE SIZE	OTHER
	REMARKS		