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NORTH FAYETTE TOWNSHIP
APPLICATION FOR USE OF SANITARY SEWERS
ROBINSON RUN

I hereby make application for use of the sanitary sewer system and agree to be governed by the Rates, Rules and Regulations as adopted by the Township, which are made part of this application with the same effect as if physically attached to it, and further agree that I shall not permit surface or roof drainage to be connected to, or enter, the sanitary sewer system from the described premises.

Property Owner _____

Addressed to be serviced _____

Applicant _____

Address _____

Public sewer connection requested for:

Single Family Home _____ Duplex _____
Townhouse _____ No. of Units _____
Apartment Building _____ No. of Units _____
Commercial Building _____ Annual Water Usage _____

Is premise served by public water usage. _____ Yes _____ No

Connection Fee _____ Assessment _____

I AGREE TO PAY THE ABOVE CHARGES FOR SANITARY CONNECTION AND ANY ASSESSMENT INDICATED.

Signature _____ Date _____

For Office Use:

Connection Fee Paid _____ Date _____
Connection Made _____ Date _____
Assessment Paid _____ Date _____



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Date _____