

APPLICATION FOR MAWA ACCOUNT

MEADVILLE AREA WATER AUTHORITY

18160 ROGERS Ferry Rd., Meadville, PA 16335

Phone 814-724-6057 Fax 814-337-3105 Email: customerservice@mawa.us

Account No. _____
Service ID No. _____
Date of Service _____

Service Address: _____

Rent Own Apartment Single dwelling Duplex Other _____

Have you ever been a customer of MAWA Yes No

Previous Address _____

Note: If renting, the completed application must be delivered in person with photo ID, a signed copy of your lease and paid application fee.

Customer Information

Name (Last)	(First)	(MI)
Driver's License #	State	ID Expiration (mm/dd/yy) / /
Date of Birth (mm/dd/yy) / /	SS # (last 4 digits)	
If Joint application, Name (Last)	(First)	(MI)
Driver's License #	State	ID Expiration (mm/dd/yy) / /
Date of Birth (mm/dd/yy) / /	SS # (last 4 digits)	
Email Address	Phone () -	
Work Phone () - Ext	Cell Phone () -	

BILL PREFERENCE: Paper with Return Envelope No Return Envelope E-bill

Customer Billing Address Check box if same as service address. If different, complete:

Name	Phone () -
Address	

ADDITIONAL ADULT TENANTS OR PERSON AUTHORIZED TO RECEIVE ACCOUNT INFORMATION

Landlord Information (complete only if renting)

Name (Last)	(First)	(MI)
(Address)	Phone () -	

Water Emergency Contact Information (This information is needed in the event there is a water emergency and the customer cannot be reached).

Name (Last)	(First)	(MI)
Phone () - Ext	E-mail Address	

Customer Signature _____	Date _____
MAWA Signature _____	Date _____

MAWA Account will continue under this application, in your name, unless we receive a request for a final meter reading along with forwarding address information, no less than 10 days prior to your moving date.

\$25.00 APP FEE PAID