

BUSINESS 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

Business/Corporation Name _____

Tax ID # _____

Type of Business _____

Business Contact (Last Name) _____

(First Name) _____

Position/Title _____

Email Address _____

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

Work Phone () - Ext

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

Name _____

Phone

() -

Address _____

ADDITIONAL 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