

WAYNE TOWNSHIP MUNICIPAL AUTHORITY
APPLICATION FOR SANITARY SEWER SERVICE

**CHECKS FOR TAPPING FEES SHALL BE MADE PAYABLE TO
"WAYNE TOWNSHIP MUNICIPAL AUTHORITY"**

ALL APPLICATIONS SHALL BE IN THE NAME OF THE PROPERTY OWNER

Last Name: _____ First Name: _____ M.I.: _____

Service Address: _____

Billing Address: _____

Home #: _____ Work #: _____ Cell #: _____

Existing Dwelling _____ Vacant Lot _____

Actual Use of Property: (example -Single Family Residential, Retail Sales, Auto Repair, Restaurant, Etc.)

Number of Equivalent Dwelling Units (EDU's) _____

The Applicant hereby acknowledges receipt of the building sewer permit application package and supporting documents.

Applicant Signature: _____ Date: _____

Tapping Fee Paid (circle one) Y N Check No. _____ Amount Paid: _____

Received By: Wayne Township Municipal Authority Date: _____