

The Municipal Authority
of the
Borough of Portage
WATER DEPARTMENT 606 Cambria St
Portage, Pennsylvania 15946

(Office Use)
ACCOUNT # _____
DEPOSIT # _____

This institution is an equal opportunity provider, and employer.

Telephone: (814) 736-9642

For the Hearing Impaired Use PA Relay 7-1-1

Fax: (814) 736-9766

APPLICATION FOR SERVICE

Name		
First	Middle Initial	Last
Service Address: _____		
City, State, Zip: _____		
Contact Information		
Home: _____		
Mobile: _____		
Sign Up for Paperless Billing: Yes No <i>(Circle One)</i>		
<i>Email Address</i>		
Sign Up for Auto Pay : Yes No <i>(Circle One)</i>		
Routing # _____		
Account # _____		
Checking or Savings <i>(Circle One)</i>		
Service Start Date: _____		

If you would like the bill sent to a different address, please fill out below:
Attention: _____
Address: _____
Apt: _____
City, State, Zip: _____
Property Owner Information: <i>(Only fill out for rental property)</i>
Attention: _____
Address: _____
Apt: _____
City, State, Zip: _____
\$25.00 Application Fee Required
\$175.00 Deposit on Tenant Accounts Required
Property to be used as Rental: Yes No <i>(Circle One)</i>
Number of Units: _____

***Any unpaid outstanding balance remaining on the property is the responsibility of the new property owner.**

***Usage of the Authority's water services subjects the applicant to the Authority's
Rules & Regulations and current rate fees.**

I, _____, have **accepted** **rejected** copies of the Municipal
(print name)
Authority of the Borough of Portage Water Department Rules & Regulations.

Applicant's Signature

Date

MABP Representative's Signature