

# Greater Greensburg Sewage Authority

P. O. BOX ~~128~~ 248 • GREENSBURG, PA.

## APPLICATION

FOR CONSIDERATION OF REDUCTION OF SEWER RATES

**NOTE TO APPLICANT:** This application must be completed and filed in TRIPLICATE and must be accompanied with a titled sketch 18 " X 24 ", approximate scale ALSO IN TRIPLICATE showing -  
 (1) Plan of Property (2) Sewer Layout  
 (3) Water Distribution System (4) Existing Meters (5) Proposed Meters and (6) any other pertinent data.

FOR OFFICE USE ONLY
DATE RECEIVED _____
DATE INSPECTED _____
ENGINEERS RECOMMENDATIONS : _____ _____
DETERMINATION: _____
DATE APPLICANT AND MUNICIPALITY NOTIFIED _____

DATE OF APPLICATION \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

MUNICIPALITY IN WHICH PROPERTY IS LOCATED: \_\_\_\_\_

GALLONS OF WATER CONSUMED (As stated on most recent water bill) \_\_\_\_\_  
 (Monthly/Quarterly)

DOES PRESENT WATER CONSUMPTION DISCHARGE INTO EXISTING SANITARY OR COMBINED SEWER SYSTEM ? ( Yes or No ) \_\_\_\_\_

TYPE OF SERVICE (Check One)	SIZE OF EXISTING WATER METERS (Check One)
RESIDENTIAL _____	5/8 " ___ 3/4" ___ 1" ___ 1 1/2" ___ 2" ___ 3" ___ 4" ___ 6" ___
COMMERCIAL _____	_____
INDUSTRIAL _____	_____
INSTITUTIONAL _____	_____
OTHER ( Specify ) _____	_____
_____	_____

PURPOSE FOR WHICH ADDITIONAL METER OR METERS WILL BE USED ? \_\_\_\_\_

WILL WATER CONSUMPTION FROM PROPOSED METER OR METERS DISCHARGE INTO SANITARY OR COMBINED SEWER SYSTEM ? ( Yes or No ) \_\_\_\_\_

HAVE YOU READ THE ORDINANCE ON FILE AT THIS OFFICE OR THE MUNICIPALITY OFFICE AND ARE YOU FAMILIAR WITH THE SECTIONS AS PERTAINING TO YOUR CASE ? \_\_\_\_\_ (Yes or No)

AUTHORIZED SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_