

EAST FRANKLIN TOWNSHIP SEWAGE DEPARTMENT

BILLING AGREEMENT FOR SEWAGE SERVICE

Account No. _____

INSTRUCTIONS:

PLEASE PRINT. Complete the entire agreement. "Applicant" is each adult person who will receive the benefit of service at the premises described. If the household includes a husband and wife or two persons living together, the names of both persons must be provided. Each applicant agrees to be jointly and severally liable for the bills rendered for service as a result of this application. It is understood that the rates, terms, rules and regulations applicable to the service supplied hereunder are set forth in the Township's rates and regulations, as may be published from time to time and are made part of this application. This application constitutes an agreement between the applicant and the Township for sanitary sewerage services to be provided by East Franklin Township.

APPLICANTS TO BE BILLED	Name: _____	
	Name: _____	
	Service Address: _____	
	Mailing Address: _____	
	Phone Number: _____	Owner/Renter: _____
LANDLORD, OWNER OR RENTAL AGENCY	Name: _____ Phone Number: _____	
	Address: _____	
IF EMPLOYED	Employer's Name: _____ Phone Number: _____	
	Address: _____	
IF UNEMPLOYED	Source of Income: _____	
IDENTIFICATION	Driver's License Number: _____	

Applicants acknowledge they have read the above application, understand it, have made truthful answers thereon, and are jointly and severally bound for service rendered by the Township.

SIGNATURES	Applicant: _____	Applicant: _____
	Date: _____	Date: _____

When application is made by someone other than the owner, the owner shall co-sign the application and shall guarantee payment for service.

SIGNATURE	Owner: _____ Date: _____
	Address: _____

SIGNATURE	Township: _____ Date: _____
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