

**SHENANGO TOWNSHIP MUNICIPAL AUTHORITY**

155 Campground Road  
West Middlesex, Pennsylvania 16159  
(724) 528-1577  
stma.main@gmail.com

**APPLICATION FOR RESIDENTIAL SERVICE**

NAME:(CUSTOMER):

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

\_\_\_\_\_  
First Middle Initial Last

SERVICE START DATE: \_\_\_\_\_

Service Address: \_\_\_\_\_

OWN  RENT

Apt: \_\_\_\_\_

Property to be used as rental:  YES  NO

City/State/Zip: \_\_\_\_\_

If Yes number of Rental Units: \_\_\_\_\_

Email: \_\_\_\_\_

Account back to Owner in between Tenants:  YES  NO

*Check box to select primary contact (Emergency Notification)*

Home: \_\_\_\_\_

Number of residents at address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Estimated GPD (OFFICE USE) \_\_\_\_\_

**BILL TO INFORMATION**

**PROPERTY OWNER INFORMATION**

Attention: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Apt.: \_\_\_\_\_

Apt.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ FAX: \_\_\_\_\_

Work: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**SIGN UP FOR AUTO PAY:**  YES  NO

I, (print name) \_\_\_\_\_

HAVE ACCEPTED  REJECTED Copies of the STMA RULES AND REGULATIONS.

Applicant's Signature

Date

STMA Representative's Signature