

PO Box 484 Nemacolin, PA 15351

Property Owner Application

Account Number:		_						
Closing Date								
Service Address	STREET			CITY	STATE	ZIP		
Mailing Address	STREET			CITY	STATE	ZIP		
PROPERTY OWNER INFORMATION								
NAME								
	LAST		FIRST		MI			
Home #		Cell #		Email:				
NAME								
	LAST		FIRST		MI			
Home #		Cell #		Email:				

PROPERTY OWNER AUTHORIZATION

LAST MODIFIED 6/21/2012 FINAL

I hereby grant to Nemacolin, Inc., its agents, employees and contractors a license to bill me for services. I agree to pay for the replacement of any non-standard driveways (exposed aggregate, etc.), headwalls, light posts, sodded areas or similar improvements within the rights-of-way or easements which Nemacolin, Inc. deems necessary to remove or damage in order to repair, replace or alter the sewage system. I agree not to plant, install, construct or situate any buildings, structures, obstructions, trees, fences, berms, ponds or pools within the rights-of-way or easements. I agree to maintain any pet in a fashion that will not hinder or prohibit access of Nemacolin, Inc., or its agents to manholes or external water mains, or otherwise endanger Nemacolin, Inc. personnel. I agree to not alter the sewer laterals and clean-outs without the express written consent of the Nemacolin, Inc. I agree to have any such alterations inspected by a representative of Nemacolin, Inc. prior to the covering of the area where the alterations were made. I agree to pay for any damage done to Nemacolin, Inc. equipment and lines by my representatives, contractors, tenants or myself. I understand that I may be subject to a monetary civil penalty for any breaking, damaging, destroying, uncovering, defacing or tampering with any structure, appurtenance or equipment which is part of the wastewater collection system or wastewater treatment facilities. I agree to notify Nemacolin, Inc. of any changes in ownership or tenancy and will be responsible for sewage usage when utility service is not in the name of the tenant or until service in my name has been terminated in accordance with Nemacolin, Inc. policy. The above information is correct to the best of my knowledge. I have read the billing procedures and policies on the reverse.

OWNER SIGNATURE	DATE	OWNER SIGNATURE	DATE