

Nemacolin, Inc.

PO Box 484
Nemacolin, PA 15351

Tenant Application

for Residential Utility Services

FOR OFFICE USE:

Account Number: _____

Service Address _____

STREET

CITY

STATE

ZIP

Mailing Address _____

STREET

CITY

STATE

ZIP

TENANT INFORMATION

NAME _____

LAST

FIRST

MI

Home # _____ Cell # _____ Email: _____

NAME _____

LAST

FIRST

MI

Home # _____ Cell # _____ Email: _____

AUTHORIZATION FOR SERVICES

• I hereby grant to Nemacolin, Inc., its agents, employees and contractors a license to bill me for utility services on the requested start date of _____. (Initial) _____

• I understand and agree that I will be responsible to pay all utility charges until service in my name has been terminated. (Initial) _____

• Tenant termination dates will not be back dated unless tenant provides notarized documentation from Landlord specifying a different termination date. (Initial) _____

• I agree to pay for any damage done to Nemacolin, Inc. equipment and lines by my representatives, contractors, other tenants or myself. (Initial) _____

• 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. (Initial) _____

• The above information is correct to the best of my knowledge. I have read the billing procedures and policies on the reverse, and have received a copy of the sewage issue policy and returned check policy. (Initial) _____

TENANT SIGNATURE

DATE

TENANT SIGNATURE

DATE