## APPLICATION FOR SEWER SERVICE

## WILMINGTON TOWNSHIP MUNICIPAL SANITARY SEWER SYSTEM

		, hereby make application for sanitary	sewer
(name o	of property owner)		
service at			_ to be
3011100 ut	(location- street / number)		
occupied as a			
occupied as a	(Primary use - home, apartmen	nt, store, etc.)	
	(Property owner - Name)	Occupant (if other than Owner)	
<u> </u>	(Address)		
	(City, State, Zip Code)		
		Date to begin	n service
	(Telephone Number)	-	
	(Name of Billee)		
	(Address - Number/ Street)		
	(City, State, Zip Code)	<del></del>	
	(Telephone Number)		
Note: Provide contractors m	e only when a new service connections of insurance on the contraction of the contract of the c	ion is required. If the applicant is doing his own nee to the Township.	work indicate "SELF". All
	A	4.6 4.4	
	(Name Cor ractor)	(Address - 1 imber/ treet)	
	N of	1010 1 00 0 0	
	(Telep on V m er)	(c y,: at Z	Jule)
Attach a nlot		(ែ y, at 2 ក (ការ ទីភូ pr  party iihes, saucanes, suilung :	

## Questions/Certifications

<ol> <li>Is this application for Sanitary Sewage Servi Answer YES if the property is already connected not required. If the answer is YES indicate the of</li> </ol>	to the public sar	nitary se	ewer syste	em and a	new service o	onnection is (Date)
<ol> <li>Is this application for a Sanitary Service Con Answer YES if this is a new property which has installation of a new service connection. If the a ready to connect to the public sanitary sewer sy</li> </ol>	not had service in enswer is <b>YES</b> , in	dicate t	ast or for s	imate da	er reason requ	ires the cilities will be
Indicate the date that service is to be provided,	if different than th	ne date	of connec	tion		(Date)
3. Is the property to be served a single family du	welling?	X	YES _		NO	
4. If the answer to No. 3 above is NO, the applic NON-DOMESTIC DISCHARGERS". The applic Officer, and /or other authorized Township representation he/she may require in evaluating this	cant further agree esentative, withou	es to pr	ovide the	LOWIISHIP	Eligilieel, Li	Olcement
Township Ordinance requires a service initiation amount must accompany this application.	n fee or service c	onnecti	on fee of	NON	E Payment	in this
The applicant agrees to comply with all the tem any all other ordinances or regulations which se	ns and conditions at forth the rules a	outline and reg	d in the T ulations g	ownship's overning	Sewer Ordin sewage service	ances and e.
The applicant agrees to be responsible for the stermination of service is received and accepted this location transferring the responsibility for the notify the Township of any changes in his/her be	by the Township e charges to ano	orane	ew applica	ition for s	ewage Service	is illed for
(Signature of Applicant)	(Date)		Nam	e and Title		
Inspected by Wilmington Township	Pe	rmit iss	ued by W	ilmington	Township	
Signature Date				Signa	ture	Date
Tillo		_	Title	)		