



Mars Borough

598 Spring Avenue P.O. Box 395

Mars, PA 16046-0395

www.marsborough.com

Mars Borough Application for Water Service

Name: _____

Service Location: _____

Billing Address: _____

Phone: _____

Is the Owner also the Occupant of service location? _____

If no, do you want a copy of bill sent to tenant? If yes, provide tenant name and address:

Rules for Water Service

By making this Application for Water Service, the undersigned Applicant agrees to comply with the current Mars Borough Code.

Billing

Water bills will be rendered quarterly and are due and payable upon presentation and become delinquent one month after the date of invoice. If bills remain outstanding after final noticed date of termination, water service may be terminated. Upon termination, service will be reinstated once full payment has been received plus a service charge of \$50.00.

Owner Certification

The undersigned Applicant hereby certifies and warrants that he/she is an owner of the property for which application for water service has been made.

Signature

Date

For office use only:

Account Number: _____

Meter ID: _____

Transmitter Serial Number: _____

Borough Office

Phone: 724-625-1858

Fax: 724-625-4065

Police Department

Phone: 724-625-3310

Fax: 724-625-3597

Emergency: 911

Public Works

Phone: 724-625-1480

Fax: 724-625-4065

Code Enforcement

Phone: 724-629-0111

Fax: 724-625-4065