

CITY OF LEBANON AUTHORITY

2311 Ridgeview Road, Lebanon PA 17042

Phone: 717-272-2841 Fax: 717-272-1984



APPLICATION FOR WATER SERVICE & CAPACITY

I, _____ the undersigned, do hereby make Application for Water Service.

Type of Use: ___ Residential ___ Commercial ___ Industrial ___ Bulk
___ Apartments (___ Units) ___ Restaurant ___ Other _____

SERVICE ADDRESS: _____

_____ Township/Borough/City

BILLING NAME &
ADDRESS (IF DIFFERENT): _____

Development (If applicable): _____

Company (If applicable): _____

Applicant's Phone Number: _____

Signature of Applicant

Date

City of Lebanon Authority
Approved

Date

PLEASE NOTE THE AUTHORITY REQUIRES A MINIMUM OF 48 HOURS NOTICE TO COORDINATE INSTALLATION

WATER DEPARTMENT USE ONLY:

Meter Size: _____ Service Line Size: _____ EDU's: _____	Current Capacity: _____
Capacity Fee: \$ _____ Connection Fee: \$ _____	Added Capacity: _____
Facilities Fee: \$ _____ Distribution Fee: \$ _____	Total Capacity: _____

Private Fire Service Fees (If applicable)

Fire Meter Size: _____ Fire Line Size: _____ # of Hydrants _____ Fire Capacity Fee: \$ _____

Total Fees: \$ _____ Cash / Check # _____ Payment From: _____

Received by: _____
City of Lebanon Authority Date