

# BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912  
Phone (215) 794-8834 • Fax (215) 794-8837

Website - www.buckinghampa.org



## Application for Water Service

All requests for residential water service require that customers with active accounts must pay all past due amounts on current accounts prior to establishing additional service with the Township. Email application to contact @buckinghampa.org

Today's Date: \_\_\_\_\_ Requested Service Start Date: \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_

Service Location \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Street Address)

The undersigned, intending to be legally bound, hereby make application for use of the water system, accept responsibility for payment of all charges for water services provided by Buckingham Township, and agree to be governed by the Rates, Rules, Resolutions, and Regulations as adopted by Buckingham Township for water service, which are made part of the application with the same effect as if physically attached to it. I/We grant the right of ingress and egress to Buckingham Township for maintenance purposes and meter reading. I/we understand that Buckingham Township will not be responsible for any damages to me/us or our property arising out of low or high water pressure conditions or quality of or interruptions in water service.

Applicant(s) name(s): \_\_\_\_\_ Check One: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant

If Applicant is Tenant, Owner's name(s): \_\_\_\_\_

If Applicant is Tenant, Owner's Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Street Address)

Applicant's Billing Address (if different than service address):

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Street Address)

Applicant(s)' Phone Numbers: Home:( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ EBill: Yes \_\_\_\_\_ No \_\_\_\_\_

Check all that apply: New Construction \_\_\_\_\_ or Existing Building \_\_\_\_\_  
Residential \_\_\_\_\_ or Commercial \_\_\_\_\_

If Residential: Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_  
Swimming Pool? Yes \_\_\_\_\_ No \_\_\_\_\_  
Fire Sprinkler System? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other existing buildings and if so, what are they? \_\_\_\_\_

Is there existing water service at any of these buildings? \_\_\_\_\_

If so, describe the service and its source. \_\_\_\_\_

If Commercial, what is the nature of the business? \_\_\_\_\_

In the event of an emergency, such as a pipeline leak or other unforeseen occurrence, we may need to notify your household immediately. Please indicate below any additional contact information that would be helpful.

Contact Person: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Owner's Signature (if different than Applicant) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Owner's Signature (if different than Applicant) \_\_\_\_\_

**FAILURE TO COMPLETE AN APPLICATION FOR WATER SERVICE WITHIN FIVE (5) DAYS OF INITIATION OF SERVICE WILL RESULT IN A SHUT OFF OF SERVICE**