

**The York Water Company  
Application for Service**

Effective Date	Last 4 digits of your Social Security Number	Account Number
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I/We \_\_\_\_\_ request water service to the property at \_\_\_\_\_

I / We agree to pay and to use the water service according the the Rates, Rules and Regulations or Tariff of the Company, as filed with the Pennsylvania Public Utility Commission, which are now in effect or will become effective in the future. The York Water Company will approve this application when you pay, or make arrangements to pay, any unpaid charges for services within the past four years.

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email Address \_\_\_\_\_  
(Used for internal purposes only)

\_\_\_\_\_ Single Unit      \_\_\_\_\_ Multi Unit

\_\_\_\_\_ Class of Customer      **Signature X** \_\_\_\_\_

\_\_\_\_\_ Water is Used to Heat Your Home  
*This does not include the water heater*

\_\_\_\_\_ Residential      \_\_\_\_\_ Yes      **Print Name X** \_\_\_\_\_  
\_\_\_\_\_ Commercial      \_\_\_\_\_ No

\_\_\_\_\_ Industrial

\_\_\_\_\_ Public

\_\_\_\_\_ Public Fire      \_\_\_\_\_ Pump Installation

\_\_\_\_\_ Private Fire      \_\_\_\_\_ Residential Fire Sprinkler

**Mailing Address** \_\_\_\_\_  
If Different from Service Address      *Number and Street*  
\_\_\_\_\_ *City, State and Zip*

**\*Paperless Billing (Requires Email)**      **Issued 3rd Party Card**  
\_\_\_\_\_ Yes      \_\_\_\_\_ Yes  
\_\_\_\_\_ No      \_\_\_\_\_ No

**Former Address** \_\_\_\_\_  
If Prior York Water Customer      *Number and Street*  
\_\_\_\_\_ *City, State and Zip*

**Ratepayer is: Please Check One Below**

Are you paying for another apartment/unit's water use?

\_\_\_\_\_ RENTER      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ If Yes, Number of Units

Landlord's Name and Address \_\_\_\_\_

\_\_\_\_\_ LANDLORD      Tenants Name      Address

\_\_\_\_\_ \*Continued Service      \_\_\_\_\_

\_\_\_\_\_ Number of Units      \_\_\_\_\_

\_\_\_\_\_ OWNER      Ratepayer and members of household are only occupants AND are not paying or receiving rent.

Notes: \_\_\_\_\_

**YORK WATER COMPANY OFFICE USE ONLY**

<b>Type Of Service</b>		
_____ Residential	_____ Billing Method	_____ Township or Boro
_____ Price List	_____ Billing Cycle	_____ Meter Number
_____ Gravity	_____ Type of Service	
_____ Repump	_____ Tax Code	Intials: _____