

BRADYS RUN Sanitary Authority

2326 Darlington Road. Beaver Falls, PA. 15010 Telephone: 724-891-2058 Fax: 724-843-9665

Application for Sanitary Sewer Service Only
(For public water sign up – contact Beaver Falls Municipal Authority)

Please Print

Name: _____

Telephone Number: _____

Service Address: _____

Cell Phone Number: _____

E-Mail: _____

Mailing Address: (if different from above)

Please Check One:

1) Service Desired: _____ Residential _____ Commercial

_____ Public Water _____ Well

2) Do you want to sign up for ACD Direct Bill Payment? _____ Yes _____ No
(forms are also available at the office)

3) I am the: _____ Property Owner _____ Tenant

If Tenant, please complete the following:

Name of Landlord: _____

Landlord Address: _____

Landlord Telephone Number: _____

I hereby make application for sewer/wastewater treatment service, subject to the Rules and Regulations of the Bradys Run Sanitary Authority, to be used for the purposes specified above. In consideration for doing so, I agree with the said Authority, its Successors and Assigns, to take such service and to pay for the same in accordance with the schedule of rates adopted by said Authority; and further agree to conform to the Rules and Regulations adopted from time to time by said Authority.

Applicant's Signature *Date*

BRSA Employee Signature *Date*

For office use only:

Account Number: _____

Date: _____
