

# 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**

Owner Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: (if different from above)

Check box to have your bill emailed  
(if not checked, bill will be mailed USPS)

\_\_\_\_\_

\_\_\_\_\_

**Please Check One:**

1) Service Desired: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial

\_\_\_\_\_ Public Water \_\_\_\_\_ Well

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

**If You are a Tenant**, please complete the following:

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_  Check box to have your bill emailed

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: \_\_\_\_\_

\_\_\_\_\_