

**CENTRAL INDIANA COUNTY  
JOINT SANITARY AUTHORITY**

P O Box 7, 603 South Main Street Ext., Homer City, PA 15748  
Telephone: 724-479-3151 Fax: 724-479-3158 E-mail: cicjsa@outlook.com

**APPLICATION FOR SERVICE  
PLEASE PRINT ALL INFORMATION**

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

Co-Applicant  
(if applicable): \_\_\_\_\_

Physical Property  
Address: \_\_\_\_\_

Check type of service:  
Single-family residential \_\_\_  
Multi-family residential \_\_\_ if Multi-family, number of dwelling units \_\_\_  
Commercial/Industrial \_\_\_ if Commercial/Industrial, type of facility and  
anticipated annual water usage \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Property Closing Date: \_\_\_\_\_

**I/We do hereby make application for sanitary sewer service and certify that the information provided is accurate. I/We agree to be the responsible party for any bills rendered for this account and will comply with the Rules and Regulations of the Central Indiana County Joint Sanitary Authority. I/We understand that the security deposit of \$50.00 will be held in a non-interest bearing account and will be refunded only when this account is closed and payment of final billing is received by CICJSA.**

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Deposit Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_

Account Number: \_\_\_\_\_

Date Opened: \_\_\_\_\_ By: \_\_\_\_\_