

Erie County Index Number _____
Greene Township

APPLICATION TO CONNECT TO SANITARY SEWER SYSTEM
PLEASE PRINT LEGIBLY

Name: _____ Date: _____

Mailing Address:

My signature below confirms I have received the information regarding tapping into the Greene Township Sanitary Sewer, and agree to abide by the current Rules and Regulations, specifications for hook-up, and Rate Resolution.

I, the undersigned, hereby make application to connect to the Greene Township sanitary system at the *following location*:

Physical Address:

Signature _____

The above applicant for connection to the Greene Township sanitary system has satisfied the financial obligation in the amount of \$ 4,750

Received by: _____

Date: _____ Check# _____

We plan on using the PENNVEST Homeowner Septic Program financing