

# NEW BRIGHTON BOROUGH SANITARY AUTHORITY

610 THIRD AVENUE, NEW BRIGHTON, PA 15066

(724) 843-0698 • NBBSA@NEWBRIGHTONPA.ORG

## Application for Service

Application Date: \_\_\_\_\_ Date Service Requested: \_\_\_\_\_

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

Property Owner:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Tenant (If Applicable):

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Autopay Enrollment  
(Complete Attached Form)

Paperless Billing Enrollment  
(Circle Preferred Email Address Above)

Enewsletter Enrollment

The New Brighton Borough Sanitary Authority bills for sanitary sewer service on a quarterly basis. The billing period is indicated by the previous and present billing dates and may include prorated service charges based on the date of application. All sanitary sewer charges are billed based on current water consumption readings provided by the Beaver Falls Municipal Authority or on a flat rate for customers with a private water supply. Each account inside the limits of the Borough of New Brighton is assessed a solid waste charge for refuse and recycling collection and a storm sewer maintenance fee. Failure to pay any invoice by the due date will result in a delinquent fee being added to the account. Any past due amounts not paid by the disconnect date will be subject to termination of water service and the full amount due, plus additional fees, must be paid in full before service will be reconnected.

Acknowledgement:

I hereby request sanitary sewer service from the New Brighton Borough Sanitary Authority at the service location stated above. In requesting sanitary sewer service I accept full responsibility for any charges, fees, penalties, or other obligations incurred by this account. I also agree to abide by all present and future rules and regulations of the New Brighton Borough Sanitary Authority that apply to the utility system.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

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

Meter Serial Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Date Deposit Paid: \_\_\_\_\_