

CLAIRTON MUNICIPAL AUTHORITY

Reference #: _____

Date: _____

CAPACITY REPLENISHMENT FEE APPLICATION

Name of Subdivision, Commercial or Industrial Facility: _____

Property Address/Lot #: _____

Municipality: _____

Sewer System: Peters Creek Sanitary Authority

Name: _____

Address: _____

Telephone number: _____

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Identification, Type or Nature of Development: **Single Family Home**

Number of EDUs Requested: **1**

Estimated Flow Total: **400**

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Outstanding Balance: \$ _____

Amount Paid: \$ _____

Method of Payment: _____

Check #: _____

Approved By: _____

Title: _____