

FORD CITY BOROUGH EARNED INCOME TAX QUESTIONNAIRE

TO BE ANSWERED AND
RETURNED to Ford City Borough
1000 4th Ave
Ford City, PA 16226

FOR TAX USE ONLY
ACCOUNT CODE NUMBER

Allyssa Burk
1212 3RD AVENUE
FORD CITY, PA 16226
724-763-9294

To comply with the Local Tax Enabling Act and its amendments and the Tax Resolution and Ordinances of the Taxing District, the following information is necessary and must be answered fully by all residents of said District. All information will be held in strict confidence.

PLEASE PRINT CLEARLY

Name _____ SSN# _____ - _____ - _____ DOB # _____

Name _____ SSN# _____ - _____ - _____ DOB # _____

Mailing Address _____

Service Address _____

Name and Address of Employer:

Others Employed in Household:

_____ SSN# _____ - _____ - _____ DOB# _____

_____ SSN# _____ - _____ - _____ DOB# _____

If self-employed, give trade Name and Business Address: _____

Person to contact in case of Emergency _____ Phone _____

I hereby certify that all information and statements herein are true and correct.

Date _____

Signature

Phone (____) _____ Cell Phone (____) _____ Provider _____

FOR PROPERTY OWNERS
INCLUDING LANDLORDS WHO WILL PAY CHARGES FOR THEIR TENANTS

APPLICATION FOR WATER, SEWAGE AND GARBAGE COLLECTION SERVICE

I / We hereby request that the Borough of Ford City provide me / us with water and garbage collection services, and that the Ford City Borough Municipal Sewage Disposal Authority provide me / us with sewage service at my / our residence or building located at

Ford City, PA 16226. I / We agree to promptly pay all charges when due. I / We agree to abide by the rules and regulations established by the Borough and the Authority.

My / Our mailing address is _____

DATE _____

Signature

Signature

The application is hereby accepted by the Borough and the Authority.

DATE _____

Secretary

If the property to be serviced is owned by a husband and wife, BOTH MUST SIGN. If the property to be serviced is owned by a corporation, either profit or non-profit, an officer must sign and full name of the corporation must appear.

This application is accepted. The Borough and the Authority hereby acknowledge receipt of a non-refundable new service fee in the amount of \$65.00 and a \$10.00 connection fee.

DATE _____

Signature of Approval

APPLICATION FOR WATER, SEWAGE, AND GARBAGE COLLECTION SERVICES

FOR TENANTS WHO WILL PAY THEIR OWN CHARGES (Residential, Commercial, Industrial)

I hereby request that the Borough of Ford City provide me with water and garbage collection services, and that the Ford City Borough Municipal Sewage Disposal Authority provide me with sewage service at my residence of building located at _____ Ford City, PA 16226. I agree to promptly pay all charges when due. I agree to abide by the rules and regulations established by the Borough and the Authority.

MAILING ADDRESS _____

DATE _____
Signature of Tenant

LANDLORD'S NAME AND ADDRESS _____

FOR LANDLORD

I hereby certify that I am the Landlord of applicants. I hereby agree that I am equally liable and responsible to pay all sums due to the Borough or the Authority for water, sewage, or garbage collection services provided the applicants, even though all statements for such services may be mailed to the applicants.

I understand that failure to pay all sums due the Borough or the Authority for water, sewage, or garbage collection services will result in the termination of such service to the dwelling or other buildings by the applicants, and that such service will not be reinstated for the applicants or future tenants until all sums due are PAID IN FULL.

I understand that Borough must comply with the provisions of Act. No. 299 of 1978 (regarding notice) before water service can be terminated to residential tenants.

All statements should be mailed to the applicants.

DATE _____
Signature of Landlord

This application is accepted. The Borough and the Authority hereby acknowledge receipt of a non-refundable new service fee in the amount of \$65.00 and a \$10.00 connection fee.

DATE _____
Signature of Approval