



Cecil Township Municipal Authority
375 Southpointe Boulevard, Suite 350
Canonsburg, PA 15317

Phone: (724) 746-4848
Fax: (724) 746-3856

**APPLICATION FOR SUPPLEMENTAL WATER METER
APPLICATION FOR POOL FILLING**

Applicant Name: _____ **Telephone** _____

Address: _____

Property Location: _____

Purpose of Meter: _____

Type of meter to be installed: _____

SKETCH OF METER LOCATION AND PROPERTY

(Please show plan of property including a plumbing plan showing the water supply, water distribution system, sewer layout, location of proposed supplemental meter, existing public water supply meter location, etc.) Meter must have an exterior mounted remote totalizer with a manual read display.

**THE PLAN OF THE SUPPLEMENTAL WATER METER
LOCATION MUST BE APPROVED BY THE AUTHORITY PRIOR
TO INSTALLATION.**

I hereby agree to comply with provision of RESOLUTION 7 - 2006

APPLICANT'S SIGNATURE _____ **DATE** _____
INSPECTED BY _____ **DATE** _____