



Application for Sanitary Sewer Service

Date of Application _____

Applicant or Business Name: _____

Billing Address: _____

Telephone Number: _____

Email Address: _____

Service Address: _____

Subdivision: _____

Information below is to be completed by the Montgomery County Regional Sewer District

Service Type: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

Equivalent Dwelling Units (By District Engineer) _____

District EDU Approval: _____ Date: _____

Charges & Fees:

Number of EDUs X Capacity Fee = \$ _____

Sewer Service Application & Inspection Fee = \$ _____

Total Payable = \$ _____

District Approval:

I, _____, as a representative of the Montgomery County Regional Sewer District, do hereby certify to the respective Plan Commission that the above applicant has applied for and paid all applicable fees and is approved for service from the Montgomery County Regional Sewer District on this date: _____

All checks should be made payable to: Montgomery County Regional Sewer District

❖ **Important:** For connection criteria and guidelines, refer to the Standard Construction Details & Specifications as adopted by the Montgomery County Regional Sewer District.