

(Account Number)



## Abbey Woods Tap-In Permit Application

### Applicant Information:

Applicant Name:		Date:	
Applicant Address/ Mailing Address:			
Location Address of Tap-In:			

Payment in Full     Payment Plan with WBCA

I, the undersigned, hereby apply for authorization to TAP-IN and connect to the Western Butler County Authority ("WBCA") sanitary system at the service address listed above. By submitting this application, I acknowledge and agree to comply with all applicable WBCA rules, regulations, and policies, as amended periodically.

**I further acknowledge that this application serves as confirmation of my financial responsibility for all sewer tap-in fees and related charges owed to the Western Butler County Authority, in accordance with the amount and payment schedule established by the agreement between the Abbey Woods Homeowner's Association and the Western Butler County Authority.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(DO NOT WRITE BELOW THIS LINE)

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### **PERMIT and APPROVAL**

The applicant named above has satisfied the financial requirements established by the agreement set forth between Abbey Woods and Western Butler County Authority.

The applicant has either (1) remitted payment in full at the time of execution, or (2) agreed to and accepted the terms of the authorized WBCA payment plan.

Authorized WBCA Representative: \_\_\_\_\_

Date: \_\_\_\_\_