



South Strabane Township Sanitary Authority
550 Washington Road Washington, PA 15301 724-249-9697 sst.sa2018@yahoo.com

Developer Sewer Tap-In Request

Developer _____

Contact Person _____ Phone () _____

Contact Address _____

Date of Request _____ By _____

Payment Method _____ Amount \$ _____

**Make check payable to South Strabane Township Sanitary Authority.
Mail with completed form to above address.**

Tap-In(s) Address(es) _____

For Office Use:

Application Accepted By _____ Date _____

Pump Station Location _____ EDUs _____