



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

Resident Sewer Tap-In Request

Resident _____

Current Address _____

Address to be Connected _____

Contact Phone _____

Date of Request _____ By _____

Payment Method _____ Amount \$ _____

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

For Office Use:

Application Accepted By _____ Date _____

Pump Station Location _____