

**Borough of Zelienople - Rules For Utility Service**

**Date Service Requested to Commence:** (M – F only, holidays excluded) \_\_\_\_\_

**Applicant Name (Legibly Printed)** \_\_\_\_\_

**Property Address For Which Service is Requested:** \_\_\_\_\_

\_\_\_\_\_ I, acknowledge that I am the property owner of the above listed address. **(Owner)**

\_\_\_\_\_ I acknowledge that I am not the property owner of the above listed address. **(Tenant)**

1. The Borough is not liable in the event of service interruptions, but will restore same as quickly as possible. In the event of a service interruption it would be appreciated if the customer calls 724-452-6610 during business hours or after hours call 724-453-4299.
2. Applicant agrees to give seven (7) day notice when a request for a final billing is made. Utility service will then be transferred back to the property owner or new tenant if application has been made.
3. Meters are the property of the Borough, but applicant, in requesting service, agrees to protect same from damage or be financially responsible for repairs and / or replacements.
4. Applicant agrees to permit meter readers entrance to premises for the purpose of reading meters or will accept estimates from the Borough Office.
5. Customer must keep meter area clear and accessible to the meter reader.
6. Tampering with any property of the Borough, including meters, will be cause for the immediate discontinuance of service and legal action against all guilty parties.
7. Customer agrees to notify Borough immediately in the event that the premises are converted to accommodate more than one family or a change in use of the property occurs.
8. Information provided in this utility service application may be shared with Western Butler County Authority (Sewer Authority) and Taxing Authorities.
9. The Borough reserves the right to deny utility service to any customer owing an outstanding utility bill to the Borough.
10. Customers that are applying for electric and / or water service that are non-property holders of the service location will be required to post a deposit according to the amounts in effect at that time, for their revenue class, as set by Borough Council. The deposit amount is applicable to each meter.
11. Deposits are applied to a customer's final utility bill. They will not be transferred from one utility account to another. Any credit balance remaining on an account after the deposit has been applied will be returned to the customer at mailing address on file.
12. Applicant agrees to pay all bills promptly upon receipt of statement. Payments are due the 15<sup>th</sup> of each month. **POSTMARKS ARE NOT ACCEPTED.** If the 15<sup>th</sup> falls on Saturday or Sunday, payments are due on Monday.
13. A late charge of one and one-half percent (1 ½%) will be assessed on all balances not paid by the 15<sup>th</sup> of each month.
14. To facilitate awareness of delinquent bills, the property owner will be sent a duplicate bill of a tenant's bill(s) each month when arrears are indicated.
15. If a bill becomes delinquent 60 days, customer understands and agrees that service may be disconnected with or without prior notice. **Service will only be resumed between the hours of 8:00 AM and 3:00 PM, Monday through Friday, holidays excluded, only after payment in full of bill (current and past due) plus any applicable reconnection charges and additional deposit requirements.**
16. Fraudulent applications for utility service may result in immediate termination of service and the applicant may be prosecuted.
17. The Borough reserves the right to discontinue service immediately for any returned payments.

**I hereby acknowledge that I have read the above terms and conditions and agree to hereby be bound by the same.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Current Date)





## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
Zelienople Borough			
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE
Butler	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1%

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com](http://www.newPA.com)



## Borough of Zelienople · DEPARTMENT OF POLICE

111 West New Castle St., Zelienople, PA 16063 · Phone (724) 452-3003 Fax (724) 452-7840

JAMES A. MILLER  
*Chief of Police*

In our efforts to provide reliable communications with Residents and Businesses in the borough, we have implemented Smart911® as our Emergency Notification service provider.

Smart911® in its simplest form is a system that makes phone calls, sends texts, and emails to specific people or areas in the event of an emergency, utility system notifications, or for sharing important information.

To register for this, go to:

<https://www.smart911.com/smart911/ref/reg.action?pa=zelieboro>

This link is also available on our web site [www.zelieboro.org](http://www.zelieboro.org) and clicking on the *Zelie-Harmony Notification System* logo.

Download the Smart911 app on your phone by searing for “Smart911” in your phone providers app store and sign up to receive notifications from the *Zelie-Harmony Notification System*.



Registration for the Swift911 notification system is **mandatory** for the Borough to be in compliance with a PA Department of Environmental Protection order. The order requires all water distribution systems to have the capability of notifying their customers of water system emergencies or problems.

The calls you receive will have the phone number 724-452-6382. If you have a spam blocker on your phone, you may not receive these phone calls. Please program this phone number into your phone to ensure you will receive notifications.

For questions, please contact the Zelienople Police Department at 724-452-3003 ext. 0 or [zeliepd@zelienoplepolice.org](mailto:zeliepd@zelienoplepolice.org).





Please update your emergency notification contact information for inclusion in the notification database.

**Note: ALL phone numbers and emails listed below will receive notifications. You must enter a valid address within the Borough to receive notifications.**

*\* The information you enter will be audited and erroneous data will be deleted.\**

**Contact Information**

Primary Contact Name:

Business Name (if applicable):

Street Address:

City:

State:

Zip:

Primary Phone:

Primary Email:

Secondary Contact Name:

Secondary Contact Phone: