

** Please complete and return to our office

Derry Township Municipal Authority

APPLICATION FOR SEWAGE SERVICE

Date _____

Subject always to the established rates, rules and regulations and any changes or amendments hereafter made I, the undersigned (Owner/Tenant) of the property at _____

_____ hereby make application for sewage service at said premises with service to begin _____ and to continue until cancelled by at least ten days written notice. If I sublet, I will be responsible for any sewer charges left unpaid by tenants of the property listed above.

Accepted:

Derry Township Municipal Authority

5760 Rt. 982

P. O. Box 250

New Derry, PA 15671

_____ Owner

_____ Tenant

Mailing

Address: _____

Phone: _____