PENN TOWNSHIP 20 WAYNE AVENUE HANOVER, PA 17331 717 632 7366 (telephone) 717 632 2464 (fax)

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TRANSFER OF PROPERTY – APPLICATION FOR SANITARY SEWER SERVICE (must be completed and returned within 10 days)

Date of application:	Date eff	fective:
Name of property owner:		
Mailing address:		
Email address:		
I, the undersigned, hereby apply to	Penn Township for the serv	vice of sewer at the following properties:
Service addresses:		
All billings and/or other correspond his/her address listed above. <u>Tenan</u>		ervice shall be mailed to the property owner at nake application for service.
Property shall be occupied by	(circle one) owne	er tenant
duly posted rates, rules and regulat part of my contract with said sewe	ions of the Penn Township r service, and I hereby agr the sewer department shal	rvice of sewer, the undersigned agrees that the Code as from time to time amended, shall be a ree to be bound thereby. It is also understood Il be permitted to enter the above premises at
(Signature of applic	cant)	(Printed name of applicant)

(Telephone number)