

TOWNSHIP OF PENN, YORK COUNTY

20 Wayne Avenue, Hanover, PA 17331 T: 717-632-7366 Fax: 717-632-2464 www.penntwp.com penninfo@penntwp.com

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

Date of application:		Date effective:_	
Name of property owner:			
Mailing address:			
Email address:			
I, the undersigned, hereby app	y to Penn Township fo	r the service of sev	ver at the following properties:
Service addresses:			
All billings and/or other correshis/her address listed above. \underline{T}	pondence for the abovenants and/or renters o	e sewer service sha can not make appli	all be mailed to the property owner at cation for service.
Property shall be occupied	d by (circle one)	owner	tenant
duly posted rates, rules and repart of my contract with said	gulations of the Penn T sewer service, and I ho es of the sewer departs	Township Code as for ereby agree to be ment shall be pern	ewer, the undersigned agrees that the from time to time amended, shall be a bound thereby. It is also understood nitted to enter the above premises a
(Signature of a	pplicant)		(Printed name of applicant)
	(Tale)	phone number)	
	(Telej	phone number)	

 $\begin{tabular}{ll} \textbf{(E-mail address)} \\ \textbf{Application can be returned by U.S. mail, fax or e-mail.} \\ \end{tabular}$