

Greater Pottsville Area Sewer Authority

JOSEPH F. SPOTTS
Executive Director

NEW CUSTOMER INFORMATION FORM

CUSTOMER NAME _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

***PHONE NUMBER** _____ **CELL** _____

NAME OF OWNER _____ **PHONE** _____

SECONDARY CONTACT _____ **PHONE** _____

SIGNATURE _____ **DATE** _____

***MUST HAVE PHONE NUMBER TO COMPLETE
SETTLEMENT**