

Greater Pottsville Area Sewer Authority

TIMOTHY R. YINGLING
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**