

Greater Pottsville Area Sewer Authority

JOSEPH F. SPOTTS
Executive Director

Today's Date: _____

PRE-CERTIFICATION FORM

FAX

Company Name: _____

Fax Number: _____

TO:		FROM:	
FAX:		PAGES:	
PHONE:		DATE:	

CURRENT OWNER:	PROPERTY ADDRESS:

NEW OWNER:	SERVICE ADDRESS:

RENTAL: YES ___ NO ___

PHONE # _____

NEW OWNER:	BILLING ADDRESS:

SETTLEMENT DATE - _____

For GPASA use only:

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*** PLEASE ALLOW 7-10 BUSINESS DAYS TO COMPLETE THE PRE-CERTIFICATIONS***
*** CERTIFICATIONS REQUIRE A \$20.00 FEE PER ACCOUNT***