



WILLIAMSPORT MUNICIPAL WATER AUTHORITY

And

WILLIAMSPORT SANITARY AUTHORITY

253 WEST FOURTH STREET

WILLIAMSPORT, PA 17701

(570) 323-6148

CHANGE OF SERVICE: \_\_\_\_\_ OWNER \_\_\_\_\_ TENANT \_\_\_\_\_ MANAGER

PLEASE CHECK ONE:  RESIDENTIAL  COMMERCIAL  INDUSTRIAL

Service Address: (Location of property where water/sewer is being supplied) Apt. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner OR Manager Info:  Check this Box if owner address is the same as Service Address.

Name: \_\_\_\_\_ PLEASE PROVIDE AT LEAST ONE PRIMARY ACCOUNT HOLDER NAME HERE

\*\*Home or Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ circle which one

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Rental Properties – Tenant Information REQUIRED:

ALL NEW INFORMATION AUTOMATICALLY PRODUCES A FINAL READING BILLED TO THE OWNER/MANAGER. THIS IS NOT OPTIONAL.

Primary Leaseholder Name: \_\_\_\_\_

\*\*\*\*Tenant Home or Business Phone: \_\_\_\_\_ Tenant Cell: \_\_\_\_\_ circle which one

Bill sent to: Tenant: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_ (OR) Both: \_\_\_\_\_ (Delinquent Notices are required to go to the owner.)

\*\*One Contact Phone Number is required for change to be completed, incomplete forms will not be processed.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT ALL REQUESTS HEREIN ARE AUTHORIZED BY THE PROPERTY OWNER, AND/OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AGENT. I FURTHER AGREE TO COMPLY WITH ALL RULES, REGULATIONS AND RATES GOVERNING THE FURNISHING OF WATER AND SEWER SERVICE AS CONTAINED IN THE RULES AND REGULATIONS, LAWS, CODES AND ACTS OF THE AUTHORITIES, STATE OF PENNSYLVANIA, AND FEDERAL GOVERNMENT. I FURTHER AGREE TO BE BOUND BY ANY SPECIAL CONDITIONS, RESTRICTIONS AND REGULATIONS AS MAY BE IMPOSED BY THE AUTHORITIES, INCLUDING APPLICABLE WSA NON-DOMESTIC WASTEWATER DISCHARGE PERMIT CONDITIONS.

IN ACCORDANCE WITH THE UTILITY SERVICE TENANT RIGHTS ACT, IT SHALL BE THE DUTY OF THE LANDLORD TO PROVIDE THE AUTHORITY WITH THE NAMES AND ADDRESSES OF TENANTS OCCUPYING PROPERTIES SERVICED BY THIS AUTHORITY AND TO CONTINUE TO UPDATE THE AUTHORITY WITH CURRENT INFORMATION AS PROPERTIES CHANGE TENANT OCCUPANCY.

FINAL BILLS WILL BE PROCESSED UPON RECEIPT OF CHANGE OF OWNER OR TENANT INFORMATION WITH OR WITHOUT THE CONSENT OF THE CONSUMER IN ORDER TO CREATE A CUSTOMER ACCOUNT REFLECTING THE CHANGE AS PROVIDED ON THIS FORM.

SIGNATURE (OWNER / MANAGER): \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORITY USE ONLY

ACCOUNT NUMBER: \_\_\_\_\_ SERVICE NUMBER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_