WILLIAMSPORT MUNICIPAL WATER AUTHORITY
And
WILLIAMSPORT SANITARY AUTHORITY
253 WEST FOURTH STREET
WILLIAMSPORT, PA 17701
(570) 323-6148

Duplicate Bill Request

I, _____, the owner of the property located at:

Street Address: _____

City _____ State: _____ Zip Code: _____

I authorize the WMWA-WSA to mail a duplicate paper copy of the bills to my tenant at the above address.

Name of Tenant: _____

Tenant Phone Number: _____

I understand as the owner I am responsible for the bill payment and the bill will be in my name. I also understand that there will be a duplicate bill fee incurred according to the WMWA-WSA's Schedule of Rates.

I further understand that a false statement made herein is subject to the penalties in accordance with 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

_____	_____	_____
Owner Printed Name	Owner Signature Required	Date

Owner Street Address: _____

City _____ State: _____ Zip Code: _____

Owner Phone Number: _____

AUTHORITY USE ONLY

ACCOUNT NUMBER: _____ SERVICE NUMBER: _____

ENTERED BY: _____ DATE: _____

VERIFIED BY: _____ DATE: _____

FEE VERIFICATION:_____ DATE:_____