

OWNER/TENANT BILLING INSTRUCTIONS

RE: Lower Salford Township Sewer Account #: _____
Service Address: _____

Please be advised that LSTA quarterly sewer invoicing should be sent to: (please check appropriate box below)

Owner(s) *or* Tenant(s)

Note to property owner(s): The billing address for this account will not be changed until this form has been completed and returned to LSTA. (Please refer to LSTA mailing address/email/fax information at the bottom of this page.)

Please provide the following information for **both** the owner(s)/tenant(s):

OWNER(S): _____

OWNER(S) Mailing Address: _____

OWNER(S) Contact Information:

Phone#: _____

email address: _____

TENANT(S): _____

Tenant(s) Contact Information:

Phone #: _____

email address: _____

This form must be signed and dated by owner(s):

(Owner)

(Date)

(Owner)

(Date)

Please forward this completed form to:

Lower Salford Township Authority (LSTA)
P O Box 243
Harleysville, PA 19438
email: brown.lsta@comcast.net
Telephone: 215-256-8676/Fax: 215-256-6070