

Lower Salford Township Authority

OWNER/TENANT BILLING INSTRUCTIONS

Sewer Account Number: _____

Service Address: _____

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

_____ Owner(s)

_____ Tenant(s)

Note to property owner: 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 information at the bottom of this page.

Please provide the following information for **BOTH** the owner & tenant:

Owner Name: _____

Owner Mailing Address: _____

Owner Phone#: _____

Owner eMail Address: _____

Tenant Name: _____

Tenant Phone#: _____

Tenant eMail Address: _____

This form must be signed and dated by owner:

(Owner)

(Date)

(Owner)

(Date)

Please forward this completed form to:

Lower Salford Township Authority (LSTA)
P.O. Box 243
Harleysville, PA 19438
email: lsta.sewer@lstasewer.org
Phone: 215-256-8676