

REQUEST TO ESTABLISH WATER/SEWER FINAL BILL

DATE _____

ACCOUNT NUMBER _____

PROPERTY OWNER'S NAME _____

SERVICE ADDRESS _____

SIGNATURE OF OWNER AUTHORIZING CLOSING _____

REQUESTOR'S NAME _____

ADDRESS _____

TELEPHONE NUMBER/EMAIL/FAX _____

CLOSING DATE _____ CLOSING TIME _____

NAME OF PERSON PROVIDING FINAL READING _____

FINAL METER READING _____ DATE & TIME OF READING _____

FINAL BILL SHOULD BE SENT TO _____

NEW OWNER NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

THIS FORM MUST BE RETURNED TO THE AUTHORITY OFFICE (5) FIVE WORKING DAYS PRIOR TO THE SCHEDULED REAL ESTATE CLOSING.

THERE WILL BE AN ADDITIONAL \$100 PROCESSING FEE ADDED TO THE FINAL BILL

TUNKHANNOCK BOROUGH MUNICIPAL AUTHORITY

201 W TIOGA ST

TUNKHANNOCK, PA 18657

(570) 836-3493 / (580) 836-9076 FAX / WEBSITE: tunkhannockma.org