

Lower Salford Township Authority

OWNER/TENANT BILLING INSTRUCTIONS

Sewer Account Number: _____

Service Address: _____

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

Owner (s)

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) Phone #: _____

Owner(s) eMail Address: _____

TENANT(S):

TENANT(S) Mailing Address: _____

Tenant(s) Phone #: _____

Tenant(s) 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: lsta.sewer@lstasewer.org
Phone: 215-256-8676 - Fax: 215-256-6070