

LOWER SAUCON AUTHORITY

3706 Old Philadelphia Pike
Bethlehem, PA 18015
610-317-3212
Fax: 610-317-3216
administrator@lowersauconauthority.org

APPLICATION FOR: WATER SEWER

NAME OF APPLICANT		PHONE NUMBER (INCLUDE AREA CODE)
STREET		
CITY	STATE	ZIP
OWNER'S NAME (IF DIFFERENT FROM APPLICANT)		
STREET		
CITY	STATE	ZIP
APPLICANT IS:	DATE OF REQUEST	TYPE OF DWELLING:
A. <input type="checkbox"/> OWNER		<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> APARTMENT* <input type="checkbox"/> DUPLEX (TWO FEES)
B. <input type="checkbox"/> TENANT		<input type="checkbox"/> INDUSTRIAL* <input type="checkbox"/> COMMERCIAL*
* COMMERCIAL / INDUSTRIAL USES MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION.		
<p>I have read and understand the Rules, Rates and Regulations of the Lower Saucon Authority, and agree to be bound by all of the Rules and Regulations therein. I am the owner or authorized agent of the owner of the property described in this application.</p>		
SIGNATURE OF APPLICANT (REQUIRED)		DATE
DESCRIBE LOCATION OF PROPERTY:		
ADDRESS: _____		
LOCATED ON: _____ (ROAD/STREET)		
BETWEEN _____		
AND _____		
FOR OFFICE USE ONLY		
TAX MAP NO. _____	COMMENTS:	
AMOUNT RECEIVED: _____		
DATE RECEIVED: _____		
RECEIVED BY: _____		