

The Upper Hanover Authority

1704 Pillsbury Road

P.O. Box 205

East Greenville, PA 18041

DUPLICATE BILLING FORM

Return To: The Upper Hanover Authority

Date: _____

Re: Account # _____

Service Address _____

Please complete the following information.

Owner Information:

Name: _____

Address: _____

Phone: _____

Tenant Information:

Name: _____

Address: _____

Phone: _____

_____ Please send duplicate bills to both the tenant and myself for a \$10.00 annual fee. Please return a check made payable to The Upper Hanover Authority at: 1704 Pillsbury Rd P.O. Box 205. East Greenville, PA 18041

I understand that I am ultimately responsible for any water and/or sewer charges incurred at this service location.

Print Name

SAM DOC/DUP BILL APP

Signature