

**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**

\_\_\_\_\_

**Signature**