

**Laureldale Borough
3406 Kutztown Road, Laureldale PA 19605
610-929-8700, fax 610-929-4272**

Application for Sewage and Trash/Rccycling Service

(Please PRINT or TYPE all information)

Subject to the established rates, ordinance and any changes or amendment here after made I, the undersigned hereby make application for Sewer and Trash/Recycling Service.

Date: _____

Property Owner Name: _____

Property Address: _____

Mailing Address: _____
(Complete if different than property address)

City: _____, State: _____ ZIP: _____

Phone Number: _____

Signature: _____

I, the owner of the above property understand that all Sewer and Trash/Recycling bills from the Laureldale Borough will be mailed to me as per the ordinance. If the property is occupied by a tenant I guarantee payment will be made of all bills rendered.

Proprty Owner Name: _____
(Please Print)

(Signature of Property Owner)

PLEASE HAVE NEW OWNER COMPLETE AND RETURN WITHIN 5 DAYS