



Application for New Customer Service

The Borough of Hollidaysburg

401 Blair Street, Hollidaysburg, PA 16648
www.hollidaysburgpa.org

(814) 695-7543
FAX: (814) 696-0636
TTY: (814) 696-0300

APPLICANT BILLING ADDRESS

NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

OWNER _____ OWNER'S AGENT _____ TENANT _____

OWNER'S NAME (if different from above): _____

SERVICE STREET ADDRESS: _____

CLOSING DATE /MOVE-IN DATE / LEASE SIGNED DATE (circle one): _____

NOTE: A \$20.00 TRANSFER FEE MUST BE PAID PRIOR TO ANY CHANGE IN SERVICE.

_____ WATER SERVICE

_____ SEWER SERVICE

_____ CASH _____ CHECK _____ CHECK NUMBER

I hereby certify that the above information is correct, that all requests made herein are authorized by the property owner, and/or that I have been authorized by the owner to make this application as his/her authorized agent. In addition, I agree to comply with all applicable rates and rule governing the furnishing of water and sewer service as contained in the effective, rules and regulations of the Hollidaysburg Borough Authority, the Hollidaysburg Sewer Authority and Chapters 18 and 26 of the Code of Ordinances of the Borough of Hollidaysburg, as amended from time to time.

APPLICANT'S SIGNATURE

DATE