

SOUTH LONDONDERRY TOWNSHIP MUNICIPAL AUTHORITY
 27 West Market St, Palmyra PA 17078-8736 - 717 838-5556, Fax 717 838-4122
 Request for Information – Sewer Account Balance Inquiry

Property Address: _____ Account# _____

Reason for Request: Transfer of Ownership Foreclosure Refinance • Date of Settlement: _____

Name of Firm Requesting Information: Mailing Address:	
Contact Person:	Email:
Phone:	Fax:
Current Owner(s):	Mailing Address:
Phone:	City/State/Zip:
New Owner(s): (AS APPEARS ON DEED)	Mailing Address: (for future billings)
Phone:	City/State/Zip:

Signature of Requestor: _____ Date: _____

Receive Information by: Fax Email Fee: \$20.00 *Short Notice Fee: \$40.00-Requests less than five business days
 Please mail, fax or email all requests no less than five days prior to the settlement date. Email: ssmith@southlondonderry.org

Office Use Only - Sewer Account Info: All Sewer Service Billings are Quarterly, based on a flat rate on a prebilled basis.

Account Number _____ **Total Balance Due:** _____

Current Billing Quarter Info: Billing Cycle OPEN CLOSED Bill Due Date: _____ Current Past Due

Bill Date: _____ Billing Amount: _____ Service Period: _____

Amount Paid: _____ Date Paid: _____ Check#: _____

Previous Billing Quarter Info: Billing Cycle OPEN CLOSED Bill Due Date: _____ Current Past Due

Bill Date: _____ Billing Amount: _____ Service Period: _____

Amount Paid: _____ Date Paid: _____ Check#: _____

Active Liens <input type="checkbox"/> Lien#:	Bankruptcy <input type="checkbox"/> Bankruptcy Date:	
Cert Fee: <input type="checkbox"/> \$20.00 <input type="checkbox"/> \$40.00 If Less than 5 Bus Days	Other Fees: <input type="checkbox"/> Lien Satisfaction	

The above information is valid thru _____ . All liens, filing & satisfaction fees are due upon settlement of the delinquent account

Date: _____ Initials: _____

Municipal Mgr Updated: Date _____ Initials: _____ Smart Fusion Updated: Date _____ Initials: _____