

Shippenville Borough

Po Box 244, Shippenville, PA 16254

(814) 782-3321

SHIPPENVILLEBORO@WINDSTREAM.NET

Residential Application for Sewage Service

Full Name: _____
Last *First* *M.I.*

Billing Address: _____
Street Address *Apartment/Unit #*

Home Phone: _____
City *State* *ZIP Code*
Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Service Address: _____

Date Service is to start _____

If rental, Landlord's Name _____

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