



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 City Zip _____ <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Tenant
Service Address	Street City Zip _____
Change of owner or customer name	From Name _____ Address _____
	To Name _____ Address _____
NOTE: A \$20.00 transfer fee must be paid prior to any change in service.	
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