

**BUTLER AREA SEWER AUTHORITY**

100 Litman Road \* Butler, PA 16001-3256

Phone (724) 282-1978 \* Fax (724) 282-7656 \* Website www.basapa.org

**NEW OWNER & REQUEST FOR CHANGE TO ACCOUNT FORM**

**Instructions:** All four sections ( I, II, III, and IV) **MUST** be completed, please **PRINT**. Also sign and date the certification below.

I. General Information		
Owners Names(s) <small>(As Deeded)</small>		
Property Address		Tax Parcel No. <span style="border-bottom: 1px solid black;"></span>
Mailing Address <small>(If Different)</small>		
Phone Numbers	(home) <span style="border-bottom: 1px solid black;"></span>	(cell) <span style="border-bottom: 1px solid black;"></span> Account Number <span style="border-bottom: 1px solid black;"></span>

II. Reason for Change Request**
<input type="radio"/> Change of Owner, Including Date of Purchase <span style="border-bottom: 1px solid black;"></span>
<input type="radio"/> Change of Mailing Address
<input type="radio"/> Change in Number of Units
<input type="radio"/> Billing Adjustment Requested
<input type="radio"/> Other - Explain in Section IV. Below
<small>** Attach applicable supporting documents, including pictures, occupancy permit, condemnation notice. Access to property may be required for verification.</small>

III. Property Usage Information - Check All That Apply
<input type="radio"/> Owner Occupied <b>OR</b> <input type="radio"/> Rental and/or Lease
<input type="radio"/> Single Family Home
<input type="radio"/> Duplex - Residential
<input type="radio"/> Residential Apartments - No. of Units <span style="border-bottom: 1px solid black;"></span>
<input type="radio"/> Commercial Property
<input type="radio"/> Mixed Commercial and Residential Property - The same water meter supplies both commercial and residential usage

IV. Provide narrative of requested action, additional comments, or information - Attach additional pages and supporting documents if necessary

I certify that I am the owner of the above referenced property and have requested the changes noted above be made to my account. I understand all changes are subject to the Authority's review and approval. I verify that I have attached supporting documentation with this request and acknowledge that the Authority may need to have access to my property for its review. I also certify that the information is accurate and that I am responsible for providing the Authority with any changes to the above information on a timely basis. In the event that owner provides inaccurate data or information, or fails to provide timely notice of updates in account information which affects service fees, the Authority reserves the right to make adjustments to such charges to reflect actual conditions.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

FOR AUTHORITY USE ONLY			
A. Received By & Date	/ /	C. Approved By & Date	/ /
B. Reviewed By & Date	/ /	D. Processed By & Date	/ /
Recommended Action: _____			
_____			
Effective Date: _____			