

Catawissa Borough

Phone: (570)356-2561

307 Main Street
Catawissa, PA 17820

Fax: (570)356-2794

Date: _____

Date Service To Begin: _____

Name: _____

Social Security No.: _____

Street/Apt Address: _____ Catawissa, PA 17820

Telephone No.: _____

Cell Phone No.: _____

Driver's License No.: _____ State: _____ D.O.B.: _____

Place Of Employment: _____

Work Telephone No.: _____

Spouse/Other Name: _____

Social Security No.: _____

Spouse/Other D.O.B.: _____

I give permission for my account information to be
disclosed _____ (initial)

Spouse/Other Place of Employment: _____

Would you like to receive bill *via* email?

{ } NO

If Yes, provide email address: _____

Are you the home owner: _____

Are you the tenant? _____

If tenant, list name of landlord: _____ Phone No.: _____

Do you have electric heat? _____

Meter Deposit Amount: \$ _____

Signature of Home Owner/Tenant _____ Co-Account Person's Signature _____ Date _____

If you fail to pay your electric bill and it is forwarded to a collection agency you will be responsible for any/all applicable fees.

Office Use Only

Signature of Residence Representative(if required): _____

Account Number: _____ Meter Number: _____ Emp Int'l/Date: _____

Service End Date: _____ Refund Date: _____ Emp Int'l/Date: _____

Name Change: _____

Change Date: _____

****Attach previous form**