



## BOROUGH OF QUAKERTOWN UTILITY FULL PAYMENT CERTIFICATION APPLICATION

APPLICANT INFORMATION		
Name:	Title:	
Organization:		
Address:		
City:	State:	Zip:
Email:		Settlement Date:
Phone:	Cell Phone:	Fax:

SELLER INFORMATION		
Name:	Account Number:	
Service Address:		
City:	State:	Zip:
Email:		Cell Phone:
New Address:		
City:	State:	Zip:

BUYER INFORMATION		
Buyer Name:	New Account Number:	
Service Address:		
City:	State:	Zip:
Email:		Cell Phone:
Mailing Address:		
City:	State:	Zip:

FINAL INVOICE	
DESCRIPTION	AMOUNT
Electric Service	
Water Service	
Sewer Service	
Trash Service	
Previous Balance	
Lien Fees	
Outstanding Accounts Receivable	
Electric Certification Fee	
Water/Sewer Certification Fee	
Total Amount Due	

- A completed application is required for all property transfers. A separate application is required for each property transferred.
- The Seller, as named above, requests that the Borough of Quakertown update its billing records to reflect the transfer of the premises that is the subject of this application.
- If new service charges accrue to the account prior to transfer of ownership of the subject property, the Department of Finance reserves the right to recalculate the balance owed.
- Include a SASE if you require a receipt.
- Failure to include all required documentation may result in delay or denial of your application.
- Buyer is responsible for completing and submitting utility application to start service within 7 days of settlement. Failure to do so may cause a disconnection of services and additional fees.
- Please make your check payable to: Borough of Quakertown, 35 North Third Street, Quakertown, PA 18951

I certify that all information provided on this application is, to the best of my knowledge, truthful and accurate, and that I shall be liable for any consequential damages, including any cost of attorney's fees, resulting from misrepresentation or fraudulent information on this application or in any other written communication with the Borough of Quakertown.

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borough Use Only

CERTIFICATION AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_