

# 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.: \_\_\_\_\_

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 \_\_\_\_\_ 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