

LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY
7811 NEW FALLS ROAD • P.O. BOX 460
LEVITTOWN, PA 19058
PH: 215-945-7400 • FAX: 215-945-7281

APPLICATION FOR A WATER/SEWER CERTIFICATION

APPLICATION FEE: \$100.00
APPLICATION & FEE SHALL BE SUBMITTED
30 DAYS PRIOR TO SETTLEMENT

PURPOSE: REFINANCE: SALE:
FORECLOSURE: SHERIFF SALE:
TYPE OF ACCOUNT: COMMERCIAL: RESIDENTIAL:

APPLICANT / AGENT: (PLEASE PRINT)

CERTIFICATION ADDRESS INFORMATION:

NAME: _____

ADDRESS: _____

TITLE: _____

TAX PARCEL NO: _____

ADDRESS: _____

SETTLEMENT DATE*: _____

PHONE: _____ FAX: _____

OWNERS NAME: _____

BUYERS NAME: _____

EMAIL: _____

It is the Applicant's responsibility to ensure that the water meter and the yard are accessible for LBCJMA to conduct the required meter reading and sanitary sewer inspection to complete this certification application. Please visit our website at www.lbcjma.com for inspection information and requirements.

The certification will show unpaid charges up to no more than 7 days prior to the settlement date listed.

***Note: By submitting this application, the Applicant/Agent listed above certifies that the Owner(s) of the above referenced property has/have given consent to the Applicant/Agent listed above to obtain all information related to the water/sewer certification and to have LBCJMA conduct the required sanitary sewer easement inspection of the above referenced property to ensure there are no easement violations.**

**Note: Should the settlement date change or not occur it is the Applicant's responsibility to notify LBCJMA.*

APPLICANT SIGNATURE: _____ / _____ DATE: _____
PRINT SIGN

LBCJMA USE ONLY – UPON RECEIPT USE OFFICIAL DATE RECEIVED STAMP FOR DOCUMENTATION PURPOSES

TYPE OF PAYMENT: CHECK #: _____ CREDIT CARD: VISA / MASTERCARD / DISCOVER: CONF #: _____
(CIRCLE ONE)

ACCOUNT # _____

WATER & SEWER SERVICE _____ WATER ONLY _____ SEWER ONLY _____

BILLING PERIOD: _____ - _____

ENTERED ON EASEMENT LOG

BALANCE DETAILS:

_____ MINIMUM

_____ EXCESS

_____ PREVIOUS BALANCE / PENALTY

_____ LIEN FEE

_____ FINAL EXCESS READING / DATE: _____

_____ MISCELLANEOUS: _____

_____ BALANCE DUE

ACCOUNT NAME CHANGED BY: _____

DATE CHANGED: _____