

DERRY TOWNSHIP SANITARY SEWER AUTHORITY

74 RESERVE LANE

LEWISTOWN, PA 17044

PHONE 717-248-0383

E-mail: *derrysewer@dtssa.info*

Acct # _____

This is to certify that the property at _____

is unoccupied and not using any water including the months of (not less than one quarter)

Upon re-occupancy, property shall immediately notify the Authority or be charged for sewer service.

Total vacancy of a unit shall be the basis for abatement provided property owner gives written notice ten (10) days in advance. ***If unoccupied a full quarter***, the minimum quarterly sewer rental will be charged. (\$105.00)*

X _____
(Date)

X _____
(Signature)

X _____
(Print Name)
(Property owner or the signature of a responsible party)

*In order to qualify for the vacant rate please date and sign this form and return it to us as soon as possible.

THANK YOU!