

TREDYFFRIN TOWNSHIP
1100 DUPORTAIL ROAD, BERWYN, PA 19312
Phone: 610-644-1400 Fax: 610-699-1213

SEWER REVENUE BILLING ADDRESS CHANGE REQUEST FORM

Please fill out the following information and fax or e-mail back to the Sewer Revenue Office. If you have any questions, feel free to contact the Sewer Revenue Office via e-mail kthomas@tredyffrin.org or call Kevin Thomas at 610-408-3610.

Name of Owner: _____ Account #: _____

Service Address: _____

City: _____ Parcel #:43-_____ (Parcel # found on Tax Bill).

Primary Phone: _____ Secondary Phone(Optional): _____

I formally request with this letter a change of my billing address for the Tredyffrin Township Sewer Fee. The correct address effective as of this date is as follows:

Primary Name: _____

Secondary Name(if applicable): _____

Street Address: _____

Suite, Apt, etc.(if applicable): _____

City: _____ State: _____ Zip Code: _____

Owner Signature: _____ Date: _____

Print Name: _____

I also request a change of Billing Address for the Tredyffrin Township Real Estate Tax Billings.(Circle One)

YES

NO