



**LOWER PAXTON TOWNSHIP UTILITIES**  
**425 Prince Street, Suite 139, Harrisburg, PA 17109**  
**Phone: 717-657-5617**  
**Email: LPTASETLEMENTS@LOWERPAXTON-PA.GOV**  
**SEWER - STORMWATER - WASTE SERVICES TRANSFER FORM**

Service Address:

Notified By: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Company: \_\_\_\_\_  
Fax: \_\_\_\_\_

**INFORMATION FOR PROPERTY ( ALL INFORMATION IS REQUIRED )**

Settlement Date: _____	COMMERCIAL OR RESIDENTIAL ( CIRCLE ONE )
Public Sewer: YES NO (CIRCLE ONE)      WELL: YES NO (CIRCLE ONE)	DAUPHIN COUNTY TAX PARCEL(S): _____
CURRENT OWNER(S): _____	PHONE: _____
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NEW OWNER(S): _____	PHONE (REQUIRED): _____
	EMAIL (REQUIRED): _____
<b>IF ANY INFORMATION CHANGES - PLEASE BE SURE TO UPDATE AND SEND A COPY OF THIS FORM WITH THE PAYMENT</b>	EMAIL (REQUIRED): _____
BILLING ADDRESS (REQUIRED If different than property): _____	

**CHARGES PROVIDED BY LPTU**

	SEWER	STORM	WASTE	Total	
BALANCE W/ PORTNOFF FOR COLLECTION:					
CURRENT BALANCE:					Thru _____
*QUARTERLY CHARGES:					For period of _____
SERVICE CHARGE: (BUYER)	BUYER			15.00	NO. of Units _____
OTHER CHARGES:					Reason _____
TOTAL DUE:					

**LPTU OFFICE USE ONLY**

ACCOUNT# _____	CONNECTION PERMIT # _____	USER TYPE CODE _____
BASIN _____	LOT # _____	TRASH DAY _____
		CYCLE _____
		REVENUE CODE _____
DEVELOPMENT _____		
DATE PAID _____	DATE OF FILE CHANGE _____	

**PLEASE ALLOW FIVE BUSINESS DAYS FOR A RESPONSE**

Reviewed by: \_\_\_\_\_