

*Wind Gap Municipal Authority*  
*16 S. Broadway, Suite 3*  
*Wind Gap, PA 18091-0023*  
*(610)863-7770*  
*Admwgma578@gmail.com*

New Sewer Service Customer Account Form

Account #: \_\_\_\_\_

Property Address: \_\_\_\_\_

New Owner: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Owner(s): \_\_\_\_\_

Assigned Edu's: \_\_\_\_\_

Signature: \_\_\_\_\_