

BEDFORD TOWNSHIP MUNICIPAL AUTHORITY
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BEDFORD, PA 15522
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814-310-0616 FAX
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SEWER CREDIT REQUEST

DATE OF REQUEST _____

DATE OF LOSS _____

LOCATION: _____

NAME ON ACCOUNT _____

CUSTOMER ACCOUNT # _____

REASON FOR REQUEST _____

OWNER SIGNATURE _____

BTMA OFFICE USE ONLY

METER READING BEFORE: _____

METER READING AFTER: _____

GALLONS USED: _____

AVERAGE DAILY USAGE: _____

GALLONS CREDITED: _____

AMOUNT CREDITED: _____