

**LOWER BUCKS COUNTY JOINT MUNICIPAL AUTHORITY**  
7811 NEW FALLS ROAD • P.O. BOX 460  
LEVITTOWN, PA 19058  
PH: 215-945-7400 • FAX: 215-945-7281

**APPLICATION FOR A WATER/SEWER CERTIFICATION**

**APPLICATION FEE: \$100.00**  
**FEE SHALL BE SUBMITTED WITH APPLICATION**

PURPOSE: REFINANCE:  SALE:   
FORECLOSURE:  SHERIFF SALE:   
TYPE OF ACCOUNT: COMMERCIAL:  RESIDENTIAL:

**APPLICANT/AGENT:** (PLEASE PRINT)

**CERTIFICATION ADDRESS INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

TAX PARCEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SETTLEMENT DATE\*: \_\_\_\_\_

\_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUYERS NAME: \_\_\_\_\_

It is the Applicant's responsibility to ensure that the water meter and the yard are accessible for LBCJMA to conduct the required meter reading and sanitary sewer inspection to complete this certification application. Please visit our website at [www.lbcjma.com](http://www.lbcjma.com) for inspection information and requirements.

The certification will show unpaid charges up to no more than 7 days prior to the settlement date listed.

*\*Note: Certification address account name will be automatically changed after the settlement date listed above. Should the settlement date change or not occur it is the Applicant's responsibility to submit documentation with the updated information for LBCJMA records.*

APPLICANT SIGNATURE: \_\_\_\_\_ / \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT SIGN

**LBCJMA USE ONLY – UPON RECEIPT USE OFFICIAL DATE RECEIVED STAMP FOR DOCUMENTATION PURPOSES**

TYPE OF PAYMENT: CHECK #: \_\_\_\_\_ CREDIT CARD: VISA / MASTERCARD / DISCOVER: CONF #: \_\_\_\_\_  
(CIRCLE ONE)

ACCOUNT # \_\_\_\_\_

WATER & SEWER SERVICE \_\_\_\_\_ WATER ONLY \_\_\_\_\_ SEWER ONLY \_\_\_\_\_

BILLING PERIOD: \_\_\_\_\_ - \_\_\_\_\_

ENTERED ON EASEMENT LOG  METER READING & DATE  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CUSTOMER ACCT UPDATE: SETTLEMENT DATE/ MTR RDG & DATE ENTERED

BALANCE DETAILS:

\_\_\_\_ MINIMUM  
\_\_\_\_ EXCESS  
\_\_\_\_ PREVIOUS BALANCE / PENALTY  
\_\_\_\_ LIEN FEE  
\_\_\_\_ FINAL EXCESS READING / DATE: \_\_\_\_\_  
\_\_\_\_ BALANCE DUE

CERTIFICATION:  
\_\_\_\_ MAILED  
\_\_\_\_ FAXED

ACCOUNT NAME CHANGED BY: \_\_\_\_\_ DATE CHANGED: \_\_\_\_\_