

**PERKIOMEN TOWNSHIP MUNICIPAL AUTHORITY
1 TRAPPE ROAD
COLLEGEVILLE, PA 19426
Telephone: 610-489-2315
Fax: 610-489-4918**

CERTIFICATION REQUEST FORM

Date: _____

Property Address: _____

Seller's Name: _____

Buyer's Name: _____

Buyer's Phone Number: _____

Settlement Date: _____

Please provide a *fax number* or *email address* for receipt of the certification:

Signature of Applicant: _____

**Certification fee \$20.00 Payable to Perkiomen Township Municipal Authority
(payment required with request form)**

**THIS FORM MUST BE COMPLETED PRIOR TO THE SALE OF ALL
PROPERTIES IN PERKIOMEN TOWNSHIP WITH PUBLIC SEWER.**

<i>For internal use only:</i> Certification Fee: Amount Paid _____ Method of payment: Check ____ Check # _____ Cash _____
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