



# APPLICATION FOR SEWER SERVICE SUSPENSION

Logan Township, Blair County

Property Owner Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Tax Parcel ID \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone: \_\_\_ - \_\_\_ - \_\_\_\_\_ Fax: \_\_\_ - \_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reason For Service Suspension:

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Customer Authorization: \_\_\_\_\_

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Interview/Inspection Conducted by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Duration of non service: \_\_\_\_\_ Return to service date (if known) \_\_\_ / \_\_\_ / \_\_\_

Results of Interview/Inspection:

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Approved:  Not Approved:  Reason: \_\_\_\_\_

Letter Sent \_\_\_ / \_\_\_ / \_\_\_