

**BUCKS COUNTY WATER AND SEWER AUTHORITY
UPPER DUBLIN WASTEWATER TREATMENT PLANT**

**Commercial/Industrial/Institutional Facility Registration
(To be Completed by the Property Owner Only)**

Property Address: _____

Property Tax Information: Tax Block: _____ Unit: _____

Property Owner Name: _____

Property Owner Address: _____

Responsible Person or Official Representing the Owner: _____

(President, Secretary, Treasurer, or Vice President, if a Corporation; a General Partner or Proprietor if a partnership or sole proprietorship respectively)

Property Owner Contact Telephone Number: _____

Water Supplier Name: _____

Number of Buildings On-Site: _____

Total Building Area (Square Feet): _____

Describe each separate building or site (number of story's, total square feet, type of use):

Building 1 _____

Number of Commercial/Industrial/Institutional Establishments Occupying this Building:

Building 2 _____

Number of Commercial/Industrial/Institutional Establishments Occupying this Building:

Building 3 _____

Number of Commercial/Industrial/Institutional Establishments Occupying this Building:

Building 4 _____

Number of Commercial/Industrial/Institutional Establishments Occupying this Building:

Building No. 1
Establishment No. 1

Establishment Name: _____

Address: _____

Business Address: _____

Name of Business Owner (if other than the Property Owner): _____

Business Owner Contact Telephone Number: _____

Type Business Activity (Office, manufacturing, etc.) _____

Water Use (Gallons per quarter billing period) _____

Indicate if above water use is metered or estimated: _____

Building Space Occupied (Square Feet): _____

Is there a Food Facility? If yes, describe: _____

If a Food Facility, indicate number of seats & meals served: _____

(PHOTOCOPY AS NEEDED)

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Establishment No. _____

Establishment Name: _____

Address: _____

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