

ASSUMPTION FORM

Customer Account Number:
Service Address:

Old Billing Name and Address:

New Billing Name and Address:

Phone Number: _____

Reason for Change: _____

Signature: _____ Date: ____/____/____

I (We) _____ hereby
agree to assume responsibility for the amounts due to The Pittsburgh Water and
Sewer Authority and/or Jordan Tax Service, Inc. as of ____/____/____.

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission Expires: ____/____/____