



UNIVERSITY AREA JOINT AUTHORITY

1576 Spring Valley Road  
State College, PA 16801

## MAILING ADDRESS CHANGE FORM

Please fill out all information completely. This form may be filled out online using Acrobat Reader, saved and emailed, or printed and then filled out by hand and mailed.

Sewer Account Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

### New Address Information

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Address Change Date: \_\_\_\_\_

Property Owner Signature \_\_\_\_\_

A **typed** name in the above Signature area will be accepted by UAJA as the authorized signature.