



Annual Commercial Sewer Assessment

Cumberland Township Authority hereby requests an assessment of your property use.

Assessment forms not returned by due date, or incomplete information will result in this Authority estimating a reasonable applicable sewer rental charge until the required information is obtained. Assessments are completed annually. Please direct any questions to billing@ctapa.org or calling 717-334-1526 ext. 201 during office hours. The Authority Rules & Regulations can be found at www.ctapa.org.

Please return form to 1270 Fairfield Drive, Suite 9, Gettysburg PA 17325 or via email to billing@ctapa.org

Account Name & Number: _____

Service Location/Address: _____

Type of use: _____

Check ALL applicable classifications & answer all applicable questions below:

- Retail Store
- Restaurant, Club, Tavern - # of seats ____
- Convenience Store - # of public restrooms ____
- Gasoline Service Station - # of public rr ____
- Retail/Vehicle Repair Garage - # of bays ____
- Professional Office - # of employees ____
- Medical Office - # of appt-taking providers ____
- Church - Kitchen? Y or N
- Theater (Indoor or Outdoor) - # of seats ____
- Bowling Alley - # of lanes ____
- Barber or Beauty Shop - # of chairs ____
- Laundromat - # single load ____ # dbl load ____
- Municipal Bldg, Firehouse, or similar
of public rr ____
- Small Business not otherwise listed (ex - small
business attached to a single family home)
- Short Term Rental (AirBnB, VRBO, etc)
of rental rooms/units ____
- Industry w/Employee Wastewater Only
of employees ____
- Recreational Facility (mini golf, batting cages, etc.)
of public rr ____
- Motel, Hotel, or B&B
of rooms w/kitchens ____
of rooms w/out kitchens ____
- Convalescent Home
of skilled nursing beds ____
of community care beds ____
- Car Wash - Pet Wash Facilities? Y or N
automatic bays ____
handwash bays ____
- School/Daycare/Boarding School
of students ____
Showers? Y or N
Cafeteria? Y or N
- Apartments, Retirement Apartments/Cottages
of units ____



More on reverse





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Account Name & Number: _____

Service Location/Address: _____

Certification Statement:

I certify that this submittal is complete and accurate.

Signature

Date

Return options:

Email: billing@ctapa.org

Mail or drop box: 1270 Fairfield Road, Suite 9, Gettysburg, PA 17325

◆—————◆
For Authority Use Only:

Number of EDU's Assessed: _____

Completed By: _____