

OWNER APPLICATION FOR WATER AND SEWAGE SERVICE

WILLINGBORO MUNICIPAL UTILITIES AUTHORITY

433 JOHN F. KENNEDY WAY, WILLINGBORO, NJ 08046-2119

PHONE: (609) 877-2900

FAX: (609) 835-4645

I hereby apply for water and/or sewer service and agree to comply with the Rules and Regulations of the Willingboro MUA including paying for water and sewer services as bills are rendered for the following property;

Property Address: _____
(Please print)

Owner's Name: _____
(Please print)

Owner's Signature: _____

Date: _____

Mailing Address if different from property:
(Please print)

Phone No.: _____

TO BE COMPLETED BY WMUA

Date Mailed

T.C. Check, Deed or Settlement Sheet

Verified by:

circle one

_____ initials

_____ Date:

office, mail, fax, email

circle one

Notified by Owner, Realtor, Seller, Title Co. Effective Date:

circle one

Previous Owner: _____

1. Duplicate bill mailed: _____

2. Change Name on Address Card

3. Utility Billing Master File:

- a. Correct Name
- b. Mailing Address
- c. Comment Screen
- d. Check Fields 28 - 29

Acct: No.
