



401 North Virginia Avenue, Atlantic City, NJ 08401 Phone 609-345-3315 FAX 609-348-5802 or 609-345-7055

APPLICATION FOR WATER BILLING ADJUSTMENT (ABATEMENT)

Street Address of Property: _____
Atlantic City, New Jersey 08401-

Account Number: _____

Owner/Agent Legal Name _____ Owner/Agent Telephone Number _____

Owner/Agent Address _____

Other property in Atlantic City with water service is owned by the "Owner/Agent" listed above, and each property is identified on the reverse of this page.

The Service Account will be considered for a Water Billing Adjustment (Abatement) in accordance with the Atlantic City Municipal Utilities Authority (ACMUA) Policy for Adjustments based on a one-time plumbing system failure, which has been repaired in a timely manner.

REPAIRS COMPLETED BY CONTRACTOR:

The plumbing system repairs have been completed by: _____
Please print name of contractor

The repairs were completed on (date): _____ to the following water piping, outlets and/or fixtures: Copies of invoices and receipts for materials purchased must be attached.

REPAIRS WERE COMPLETED BY THE OWNER:

The following parts or materials were used to complete the plumbing repairs: Copies of receipts for materials purchased must be attached.

I understand that the ACMUA will confirm the repairs have been completed by scheduling a special meter reading to determine that the metered water use has returned to the average water use for this prior to a final determination being made by the ACMUA. I also understand that once this abatement has been granted this account will not be eligible for a second abatement. I certify that all information provided on this form is true and correct to the best of my knowledge.

Printed name of owner/agent

Signature of owner/agent

Date

OFFICE USE ONLY: *****

PAYMENT OF HALF OF TOTAL RECEIVED

PAYMENT PLAN FOR BALANCE OVER \$600

ACMUA Reviewer: _____

