

## Atlantic City Municipal Utilities Authority

## REQUEST FOR DISCONNECTION OF SERVICE

Д	ccount Number:			
Δ	.ccount Street Address:			
Iwater service account of DISCONNECT WATER SERV		g the Atlantic City	Municipal Utilities	
1. SHUT OFF SERVICE AT CURB				
2. SHUT OFF SERVICE AND REMOVE METER				
I understand that the Al Meter in place at the responsibility for payment the service restored by period of time the building my knowledge. All water current rate in effect at service charges in effect	curb setting and that of such water. The add plumbing contractor, ng is unattended or thir registered on the meter the time of subsequer	any water registed altional water may be a leak developing to party individuals are following the data to the billing. I have according to the details are to the contract of the details are the details are the contract of the details are	ered on the meter be the result of either g within the building occupying the buil e of shut off will be dditionally been ad	will be my er my having g during the ding without billed at the vised of the
I have further been ac responsibility for the drain and that any damages owner/agent for this water	ning of the plumbing sy resulting from freeze-up	stem in the building	g being served by	this Account
The Authority represental service is shut off by Authority shut off and a second characteristic to be restored has advised me that in the draining of the piping of facilities within following the disconnections	ority personnel, I will be narge for the re-installating by the owner/agent fine shut-off and removalumbing system withing the property served as	required to pay the con of the water ser or the account liste I of the service me the property served s a result of freeze	e appropriate servic vice meter at the ti ed herein above. T ter they accept no d to prevent future -ups, vandalism, etc	e charge for me service is he Authority responsibility damage to
I had been advised of ed the Authority Staff and a with the appropriate item	m herewith requesting t	hat the service wo		•
OWNER NAME:	MAIL	Ing address:		
(City)	(State & Zip Code)	(Signature)		
(Witness)	(I	Please Print Name)		
Date:	-			
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