

Atlantic City Municipal Utilities Authority

REQUEST FOR DISCONNECTION OF SERVICE

Acc					
Acc	ount Street Address:				
service account am herew SERVICE at the above refere	ith requesting the A	tlantic City	•		
1. SHUT O	FF SERVICE AT CURB	(CONTACT	MUA FOR CHARGE)_		
2. SHUT O	FF SERVICE AND REM	OVE METER	(NO CHARGE)		
I understand that the Authorat the curb setting and thowater. The additional water contractor, a leak developing party individuals occupying date of shut off will be bille been advised of the servicinyoicing.	at any water register er may be the resu ng within the buildin the building without d at the current rate	ed on the olt of eithe g during th my knowle in effect o	meter will be my responder my having the service period of time the edge. All water registed the time of subsequents	consibility for pay vice restored by building is unatte red on the mete uent billing. I hav	rment of such y a plumbing ended or third r following the re additionally
have further been advised draining of the plumbing sy from freeze-ups, vandalism,	stem in the building	being serve	ed by this Account ar	nd that any dam	ages resulting
The Authority representative by Authority personnel, I we charge for the re-installation owner/agent for the accommoval of the service methoroperty served to preventups, vandalism, etc., occurring	ill be required to po n of the water servic unt listed herein ab er they accept no re future damage to pi	y the app e meter at ove. The esponsibility ping of fac	ropriate service char the time service is re- Authority has advised for the draining of the ilities within the prope	ge for shut off concepts of the second me that in the second replumbing systems are second as a result of the second of the seco	and a second estored by the eshut-off and em within the esult of freeze-
had been advised of ea Authority Staff and am he appropriate items checked	rewith requesting th				•
OWNER NAME:			SIGNATURE:	DA	ΓE
OWNER MAILING ADDRESS:	(Street Address)	(City)	(State & Zip Code)	CONTACT	(Phone)
A CENIT NI A A A E .				DAT	(/
AGENT NAME : (Agent must provide written	authorization from th	e owner)	_SIGNATURE:	DAI	<u> </u>
AGENT MAILING ADDRESS:				CONTACT	
AGENT MAILING ADDRESS: _	(Street AddreSs)	(City)	(State & Zip Code)	CONTACT	(Phone)
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