

☐ Photo ID

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

VERIFICATION OF BILLING (VOB)

Street Address of Property:				
	Atlantic City, New Jersey 08401-			
Account Number:	Phone Num	Phone Number:		
The Atlantic City Municipal Utilities Authority	(ACMUA) must know the	e name of the owner of the pr	operty listed above, and th	
named owner is responsible for payment of all wa	ter service bills.			
The owner may assign a tenant the responsib	ility for receiving and pa	ying the water bills, however t	he owner will still maintair	
responsibility for all unpaid charges.				
New Owners must submit Proof of ownership in the	ne form of:			
\square Settlement sheet (HUD statement) or	\square Deed or	☐ Tax	k bill	
OWNER'S INFORMATION (PRINT PLEASE)		BILLING INFORMATION (if same as owner, write "same") (PRINT PLEASE)		
Name	Owner/Tenar	it		
Street Address	Billing Street	Address		
City, State, Zip	Billing City, St	ate, Zip		
Owner Email	Telephone			
Signature of Owner	Date			
Select ☐ Paper Bill ☐ E-Bill (Please complet	e the fields below)			
E-Bill Approval: I authorize ACMUA to initiate electronic water bill mailed paper bill by selecting the E-Bill option. I adaddress. Failure to receive a statement or update they are due.	knowledge that it is my	responsibility to notify ACMU	A of any changes in the em	
E-Bill Email	Signature/Ele	ctronic Signature of Owner	 Date	
Please complete this form and drop it off at the Accustomer_Billing@acmua.org. OFFICE USE ONLY: ************************************		ax it to 609 348 5802 or scan		