

## Atlantic City Municipal Utilities Authority

## APPLICATION FOR CHANGE IN WATER METER SIZE

Date:	
Account No.:	
Property Location:	
Owner Name:	
Owner Phone:	
Owner Email:	
ATLANTIC CITY MUNI serving this account understand and hav AUTHORITY that the reduced capacity in I am submitting here	(OWNER/AGENT) of the property herewith request the CIPAL UTILITIES AUTHORITY to change the size of the water meter presently from aINCH WATER METER to aINCH WATER METER. I fully we been advised by a representative of the ATLANTIC CITY MUNICIPAL UTILITIES change in the size of the water meter may result in reduced water pressure and in the water service to this account.
change in the size o \$	f the water meter service for the above account in the amount of
Charges for a Redu	ction in Water Meter Size (Work to be done by Authority Personnel)
	meter
	eter sizes referenced above are the existing meter size before the reduction. The er needs to be appropriate for the peak flow of the building, which needs to be ified Engineer.
Signature	
Applicant/Owner _	
Print Name	
Office Use Only ****	********************************
Approved By:	
Authority Represent	ative
Print Name	