

☐ 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 Number:	Phone Number:		
The Atlantic City Municipal Utilities Authority (ACM	UA) must know the nam	ne of the owner of the prop	perty listed above, and the	
named owner is responsible for payment of all water se	rvice bills.			
The owner may assign a tenant the responsibility fo	or receiving and paying t	the water bills, however the	e owner will still maintain	
responsibility for all unpaid charges.				
Proof of ownership must be submitted in the form of:				
\square Settlement sheet (HUD statement) or \square	Deed or	☐ Tax bill		
OWNER'S INFORMATION (PRINT PLEASE)	BILLING INFORM (PRINT PLEASE)	MATION (if same as own	er, write "same")	
Name	Owner/Tenant			
Street Address	Billing Street Addre	ess		
City, State, Zip	Billing City, State, Z	ip		
Owner Email	Telephone			
Signature of Owner	Date			
Select \square Paper Bill \square E-Bill (Please complete the	fields below)			
E-Bill Approval:				
I authorize ACMUA to initiate electronic water bills via e mailed paper bill by selecting the E-Bill option. I acknow address. Failure to receive a statement or update an em they are due.	ledge that it is my respo	onsibility to notify ACMUA	of any changes in the email	
 E-Bill Email	Signature/Electroni	ic Signature of Owner	 Date	
Please complete this form and drop it off at the Adminis Customer_Billing@acmua.org. For sewer information, pOFFICE USE ONLY: ************************************				