

Atlantic City Municipal Utilities Authority

REQUEST FOR DISCONNECTION OF SERVICE

Account Number:					
Account Street Address:					
		tlantic City	Municipal Utilities		
1. SHUT OF	F SERVICE AT CURB	(CONTACT	MUA FOR CHARGE)	
2. SHUT OI	F SERVICE AND REM	OVE METER	(NO CHARGE)		
I understand that the Authorat the curb setting and that water. The additional water contractor, a leak developing party individuals occupying date of shut off will be billed been advised of the serviciny oicing.	t any water register er may be the resung within the building without the building without d at the current rate	ed on the ult of eithe g during th my knowle in effect o	meter will be my rear my having the some period of time the edge. All water registant the time of subse	esponsibility for pay service restored b ne building is unatto stered on the mete equent billing. I have	yment of such y a plumbing ended or third or following the ye additionally
have further been advised draining of the plumbing sys from freeze-ups, vandalism, o	tem in the building	being serve	ed by this Account	and that any dam	nages resulting
The Authority representative by Authority personnel, I wincharge for the re-installation owner/agent for the account of the service meteoproperty served to prevent fups, vandalism, etc., occurring	II be required to po n of the water servic unt listed herein ab er they accept no re uture damage to pi	ay the app e meter at ove. The esponsibility ping of fac	oropriate service characteristics the time service is Authority has advising for the draining of the swithin the properties within the pro-	narge for shut off or requested to be re- sed me that in the f the plumbing syst perty served as a re-	and a second estored by the e shut-off and tem within the esult of freeze-
had been advised of eac Authority Staff and am hel appropriate items checked	ewith requesting th				•
OWNER NAME:			SIGNATURE:	DA	TE
Owner mailing address: _				CONTACT_	
	(Street AddreSs)	(City)	(State & Zip Code	e)	(Phone)
AGENT NAME :(Agent must provide written			SIGNATURE:	DA	ΓE
agent mailing address: _	(Stroot Addross)	(City)	(State & Zip Code	CONTACT	(Phono)
	(Sileel Addless)	(Clly)	(sidie & zip Code	;)	(Frione)
(1)	· (2022			