

Atlantic City Municipal Utilities Authority

REQUEST FOR TERMINATION OF WATER OR FIRE (circle one or both) SERVICE

Account Street Address:

Account Number: __

(Use for demolition or where lot is already vacant)

	(Print Name) being t	he(C	Owner/Agent) for	the above
water service account am h	erewith requesting th	ne Atlantic	City Municipal Utilities	Authority to TERM	INATE WATER
SERVICE at the above refere					
			EET WATER (initia)
			(initial) FIRE (ini	-	
			d removal of the servic		
they accept no responsibility		•	-		
future damage to piping of t disconnection of service and		•	s, varidalism, etc., occi	Jilling rollowing in	е
			ose option 1. DISCONN	IECT THE SERVICE	ΔΤ ΤΗΕ ΜΔΙΝ
IN THE STREET, I will be require			The state of the s		
charges for terminating the			_		
service and reconnection to					
of all fees for startup of service		•			
nstallation fees and quarter	ly water charges. The	Authority	representative has adv	vised that I have	the option of
having the demolition contro					
or paying the MUA for the di		-			
and smaller service lines. For			shall be set by quotes of	as allowed by the	Local Public
Contracts law plus fifteen (1:	, .		140\/E 14FTFD : :		
· · · · · · · · · · · · · · · · · · ·			MOVE METER, it is beca		
the property that can reuse certify that I plan to comme					
the disconnection fee previo		•			
MUA, including, but not limit			_		
			any construction prior t		-
(24) month period, I may ap					-
the difference between the	current rate for disco	nnection	and the amount previo	ously paid. In no d	case shall
any extension be for greater	than twenty-four (24) months.	However, I may apply	for as many exte	nsions as
needed.					
			connect the service from	•	
the roadway, utility work, wo					
placed on the account and			to reconnect that serv	ice, but will be re	quirea to
Install a new service at the A	•		natters relevant to the	termination of se	rvice by the
Authority Staff and am he					•
appropriate items checked		ai iiio 50	THEO WORK DO POHOITI	iod iii decerdar	
OWNER NAME:			SIGNATURE:	DATE	
OWNER MAILING ADDRESS: _				CONITACT	
JWNER MAILING ADDRESS	(Street AddreSs)			CONIACI	(Phone)
	(31100171001033)	(City)	(Sidio & Zip Code)		(i rioric)
AGENT NAME :			SIGNATURE:	DATE	
(Agent must provide written	autnorization from the	e owner)			
AGENT MAILING ADDRESS: _				_ CONTACT	
	(Street AddreSs)	(City)	(State & Zip Code)		(Phone)