



Atlantic City Municipal Utilities Authority

APPLICATION FOR METER PURCHASE

(to be completed by MUA customer service staff)

DATE: _____

WATER ACCOUNT #: _____

METER SIZE OF
DOMESTIC SERVICE: _____

STREET ADDRESS: _____

OWNER/AGENT: _____

TELEPHONE NO #: _____

EMAIL: _____

SIZE OF METER
BEING PURCHASED: _____

METER SERIAL #: _____

METER PURCHASE
PRICE: _____

PURPOSE FOR METER BEING PURCHASED:

THE UNDERSIGNED AFFIRMS THAT THE METER BEING PURCHASED WILL BE USED FOR THE PURPOSE AS STATED ABOVE. THE ACMUA HAS THE RIGHT TO DISCONNECT THE SERVICE OF THE METER AND IMPOSE A FINE IF THE ACMUA DETERMINES THAT THE METER IS BEING USED FOR A PURPOSE THAT IS NOT ALLOWED PER THE RULES, RATES & REGULATIONS OF THE AUTHORITY. **ALL SALES ARE FINAL. NO RETURNS ACCEPTED.**

DATE

CUSTOMER SIGNATURE

CUSTOMER SERVICE REPRESENTATIVE

MANAGEMENT APPROVAL