



Atlantic City Municipal Utilities Authority

APPLICATION FOR SERVICE AGREEMENT (Commercial)

NAME & ADDRESS OF APPLICANT: _____

(Must be owner or developer of property) _____

PROOF OF OWNERSHIP: Deed [] Tax Bill [] Settlement Sheet []

A CORPORATION IN THE STATE _____

NAME & ADDRESS OF OWNER (If other than applicant) _____

LOT & BLOCK OF PROPERTIES TO BE DEVELOPED: LOT# _____ BLOCK _____

DESCRIPTIVE LOCATION OF PROPERTIES TO BE DEVELOPED: _____

REQUIRED DAILY WATER SUPPLY OF THE PROPERTY: _____
(The figure listed must be Engineer certified and supported by back-up documentation to be attached to this application)

OFF-SITE IMPROVEMENTS TO BE REQUIRED BY THIS (This portion of the application may be filled out by Authority Personnel) _____

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

PHONE #: _____ EMAIL: _____