



Atlantic City Municipal Utilities Authority

APPLICATION FOR WATER SERVICE

(Residential Customers)

APPLICATION IS HEREBY MADE FOR WATER SERVICE TO THE PREMISES KNOWN AS:

LOCATION: _____ BLOCK _____ LOT _____

OWNER NAME: _____

OWNER'S ADDRESS: _____

CONTACT NUMBER: _____ EMAIL: _____

PROOF OF OWNERSHIP: DEED [] TAX BILL [] SETTLEMENT SHEET []

TO BE USED AS _____ AND WILL HAVE THE FOLLOWING FIXTURES:

TYPE OF SERVICE

_____ SINK	_____ TANK TOILET	_____ SODA FOUNTAIN
_____ SLOP SINK	_____ TANK URINAL	_____ STEM TABLE
_____ BATH TUB	_____ FLUSHOMETER URINAL	_____ HOSE CONNECTION
_____ SHOWER	_____ LAUNDRY TUB	_____ LAWN SPRINKLER
_____ TUB & SHOWER COMBINATION	_____ DISHWASHING MACHINE	_____ AIR COOLING UNITS _____ H.P.
_____ FLUSHOMETER	_____ DRINKING FOUNTAIN	_____ COMPRESSOR

_____ FIRE SERVICE NOTE: FIRE SERVICE INSTALLATIONS ARE BASED ON COST OF
LABOR AND MATERIAL. STREET SERVICE LARGER THAN
2" ARE INSTALLED ON THE SAME BASIS.

MISCELLANEOUS _____

THE UNDERSIGNED, OWNER OF THE ABOVE PREMISES, AGREES TO ABIDE BY THE RULES, RATES & REGULATIONS, LAW AND RESOLUTIONS RELATING TO SAID WATER SERVICE, WHICH HAVE BEEN OR MAY HEREAFTER BE ENACTED BY THE CITY, AND GRANTS PERMISSION TO ENTER THE ABOVE PREMISES FOR ALL PURPOSES RELATING TO SAID WATER SERVICE; AND FURTHER AGREES TO THE ABANDONMENT OF THE OLD SERVICE, IF ANY, IN THE STREET. THE LOCATION OF THE METER WILL BE USED FOR A DRIVEWAY.

PRINT NAME _____ SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

DATE SERVICE INSTALLED _____

INSTALLATION CREW

SIZE OF SERVICE _____

SIZE, MAKE, & NUMBER OF METER _____

MATERIAL USED _____

_____ FT. LEAD LINED GAL. PIPE

_____ FT. COPPER PIPE

SERVICE ATTACHED TO _____ MAIN ON _____ AVE. _____

FT. FROM THE _____ PROPERTY LINE.