

# TENANT APPLICATION FOR WATER AND SEWAGE SERVICE

## WILLINGBORO MUNICIPAL UTILITIES AUTHORITY

433 JOHN F. KENNEDY WAY, WILLINGBORO, NJ 08046-2119

PHONE: (609) 877-2900

FAX: (609) 835-4645

*I agree to pay for water and sewer services as bills are rendered in accordance with the Rules and Regulations of the Willingboro Municipal Utilities Authority for the following property:*

Property Address: \_\_\_\_\_  
(Please print)

Tenant's Name: \_\_\_\_\_  
(Please print)

Tenant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Mailing Address if different from property:  
(Please print)

Phone No.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### TO BE COMPLETED BY WMUA

\_\_\_\_\_ Date Mailed

Lease Verified by:

\_\_\_\_\_ initials

\_\_\_\_\_ Date:

office, mail, fax, email  
circle one

No Lease - Family Member

\_\_\_\_\_ initials

\_\_\_\_\_ Date:

Notified by tenant, owner  
circle one

\_\_\_\_\_ Effective Date:

Owner's Name and Mailing Address:  
(Please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Landlord Form Mailed: \_\_\_\_\_

2. Landlord Form Received: \_\_\_\_\_

3. Duplicate Bill Mailed: \_\_\_\_\_

4. Change Name on Address Card: \_\_\_\_\_

4. Utility Billing Master File:

- a. Correct Name
- b. Mailing Address
- c. Comment Screen
- d. Check Fields 28 - 29

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**Acct: No.**