

**RESIDENTIAL - APPLICATION FOR SERVICE**

LAKWOOD TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

390 NEW HAMPSHIRE AVE. P.O. BOX 141 LAKEWOOD NJ 08701 (732) 363 - 4422 FAX (732) 905 - 0712

WATER APPLICATION FEE \_\_\_\_\_  
WATER INSPECTION FEE \_\_\_\_\_

SEWER APPLICATION FEE \_\_\_\_\_  
SEWER INSPECTION FEE \_\_\_\_\_

WATER CONNECTION FEE \_\_\_\_\_  
SEWER CONNECTION FEE \_\_\_\_\_

METER FEE - SIZE: \_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

PLEASE CHECK ONE:

OWNER \_\_\_\_\_ TENANT \_\_\_\_\_

APPLICATION FOR WATER \_\_\_ SEWER \_\_\_ SERVICE

DATE: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Account Created: \_\_\_\_\_ Initials: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BLOCK NO: \_\_\_\_\_ LOT NO: \_\_\_\_\_ PHONE NO \_\_\_\_\_ Account No. \_\_\_\_\_

I \_\_\_\_\_ do hereby apply for water and / or sewer service to my property located at (Billing Address) \_\_\_\_\_ Lakewood, NJ 08701. In doing so I agree to comply with all Rules and Regulations of the Authority applicable to water and or sewerage service.

\_\_\_\_\_  
(applicant sign here)

\_\_\_\_\_  
(print name)

Sewer Services (Where applicable) are payable in advance

\_\_\_\_\_  
(date)