FORM WC

	Applicati		IPAL UTILITIES AUTHOR on of Completion	<u>ITY</u>
1.	Applicant's Name:			
	Address:		Phone:	
2.	Name and Address of Prese	ent Owner if Othe	r than Above	
3.	Preliminary Application No.			
	Date of Approval			
	Final Application No.			
	Date of Approval			
4.	Dates of Construction			
	Starting	Fi	nishing	
5.	Have As-Built Plans for the (Construction Bee	en Submitted to the Authori	ity
	Consulting Engineers?	Yes	No	
6.	Have the Legal Documents Been Drawn up and Received by the Authority, transferring Interest in the Water System Facilities to the Authority?			
		Yes	No	
	If so, has the Authority appro	oved of these do	cuments?	
		Yes	No	
		Si	gnature of Applicant	
	For Official Use Only			
	Date Received			

FORM WC

For Official Use only (cont.) Date As-Built Plans Received _____ Date Conveyance of Facility Received Action of the Lakewood Township Municipal Utilities Authority Remarks: Disapproved: Approved: Certificate of Completion Granted (Date) Secretary Final Actions Date of Release of Bond Release of Cash Deposits Date Amount