BERKELEY TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

APPLICATION FOR WATER SERVICE

ACCOUNT NUMBER: _____ BOOK & PAGE: _____

PREMISES TO BE CONNECTED: BLOCK: _____ LOT: _____

STREET LOCATION: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

_____

TELEPHONE NUMBER
OF OWNER: _____ _____
EMERGENCY:

NUMBER OF BATHROOMS: _____

DEPOSIT: _____ BALANCE: _____

DATE: _____ X_____
SIGNATURE OF APPLICANT

METER SIZE: _____ SERIAL NUMBER: _____ METER NUMBER: (B)_____