

The Jackson Township Municipal Utilities Authority

135 Manhattan Street
Jackson, NJ 08527
Telephone: (732) 928-2222
Fax: (732) 928-5171

EXHIBIT: A

Statement of Utility Services

Applicant: Name: _____ Bus Tel No: _____
Address: _____ Res Tel No: _____
_____ Fax No: _____

Property in Question:

Address: _____
Block: _____ Lot: _____
Qual: _____

Check One:

_____ Single Family Residence _____ Minor Subdivision
_____ Commercial _____ Major Subdivision -
(3 or more homes)

Comments/Questions: _____

Change in Usage From: _____ **To:** _____
(Do not write below this line.)

NEW Single Family Residence or Minor Subdivision:

1. Application for Service is **REQUIRED**.

Utility Service can be provided as follows:

Water _____
(Street)
Sewer _____
(Street)

2. Utility Service **cannot** be provided.

Water _____ Sewer _____

NEW Commercial or Major Subdivision:

3. Full Application is **REQUIRED**: _____ Yes _____ No

4. Utility Service can be provided as follows:

Water _____
(Street)
Sewer _____
(Street)

5. Utility Service **cannot** be provided.

Water _____ Sewer _____

Existing Customers:

Acct No. _____

6. Water is provided. _____ Yes _____ No

7. Sanitary Sewer is provided. _____ Yes _____ No

8. Change in usage **is** approved. No further action is required.

Comment: _____

Date: _____

Signed: _____

Note: Statement is good for one year.

Jackson Township MUA