

THE ATLANTIC CITY SEWERAGE COMPANY

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APPLICATION FOR SERVICE

NEW OWNER FORM

PLEASE PRINT CLEARLY

ATLANTIC CITY PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____

SETTLEMENT DATE (PLEASE COMPLETE SAME DAY OR FOLLOWING SETTLEMENT): _____

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

**PLEASE NOTE, WE BILL ANNUALLY TO OWNERS/LANDLORDS DIRECTLY. WE DO NOT BILL TENANTS.*

SEWER ACCT #: _____ ACMUA ACCT #: _____

ACTIVE ACCOUNT WITH WATER SERVICE: YES or NO

HOW MANY OCCUPANTS DO YOU EXPECT TO OCCUPY THE PROPERTY? _____

PROPERTY DETAILS: SINGLE FAMILY OR MULTI-FAMILY

IF MULTI-FAMILY, HOW MANY UNITS? _____

PROPERTY WILL BE: (PLEASE CIRCLE ONE)

OWNER OCCUPIED

TENANT OCCUPIED

****IF THE PROPERTY HAS NO WATER METER IN PLACE, PLEASE NOTE, WE MUST BE NOTIFIED UPON ESTABLISHING WATER SERVICES SO THAT WE CAN ENSURE THERE IS AN OPEN SEWER CONNECTION TO AVOID ANY ISSUES. ****



We are exploring the option of offering e-bills!

Would you be interested in receiving an e-bill should we offer them? YES or NO

(Please circle one)