

WESTERN MONMOUTH UTILITIES AUTHORITY

SEWER INQUIRY FORM

DATE: _____

1. Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Email: _____

2. Inquiry Street Address: _____

Township: _____

Block Number: _____ Lot Number: _____

Single Home: _____ Commercial Property: _____

OFFICE USE ONLY

Sewers Available? _____ Yes _____ No

Bayshore Regional Area? _____ Yes _____ No

Englishtown Collection System? _____ Yes _____ No

Type of Connection: _____ Existing CCO _____ Conventional _____ Deep House _____ Core Into MH

Special Requirements: _____ Deed Restriction _____ Easement

Application type: _____ Simple _____ Complex _____ Project

Comments: _____

Applicant Informed? Date: _____

Method of Contact: Machine _____ Direct _____ Email _____

Initials: _____