**EVESHAM MUNICIPAL UTILITIES AUTHORITY**

P.O. BOX 467, MARLTON NJ 08053
PHONE (856) 983-1878 * FAX (856) 983-9145 * www.eveshammua.com

TENANT/LANDLORD FORM

DATE:_____ ACCOUNT NUMBER: _____ SERVICE ADDRESS:_____

PLEASE PRINT

LANDLORD: NAME _____

MAILING ADDRESS _____

_____

OWNER E-MAIL _____

OWNER PHONE # _____

NEW TENANT: NAME _____

SERVICE ADDRESS _____

PHONE _____

E-MAIL _____

**OLD TENANT: NAME _____

**** A final read must be obtained to generate a final bill for a tenant vacating the property. No final bill will be generated unless the final read is obtained. The Authority will only take direction regarding this water/sewer account from the owner, including appointments for final reads. To schedule this appointment please call (856) 983-1878.****

PLEASE CHOOSE ONE:

1. _____I want a duplicate bill mailed to the service address. (Landlord (owner) will still receive the quarterly bill)
2. _____ I want this bill sent to landlord's (owner's) address only.

_____

SIGNATURE OF HOMEOWNER/LANDLORD DATE

**THE MUA HOLDS THE HOME OWNER RESPONSIBLE FOR ALL UNPAID WATER AND SEWER BILLS AND WILL NOT BECOME INVOLVED WITH TENANT/LANDLORD ISSUES AND DISPUTES**.

FOR OFFICE USE ONLY

Date: _____

Arrears: _____

Water Amount Due: $_____ Current Read: _____ Current Read Date: _____

Sewer Amount Due: $_____ Previous Read: _____ Previous Read Date: _____

FINAL BILL AMOUNT: $_____ Gallons Used: _____ Clerk Initials: _____