



**EVESHAM
MUNICIPAL UTILITIES AUTHORITY**

"Working with you to Protect the Environment"

Change of Ownership

Date: _____

Name: (Please Print) _____

Service Address: _____

Settlement Date: _____

Move In Date: _____

Telephone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Does your home have a lawn sprinkler system: [] Yes [] No

I agree to comply and abide by the rules, regulations and rates of the Authority.

Owners Signature: _____

Mailing Address: _____

(Please complete this form and return it to the Evesham Municipal Utilities Authority.)