

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 Number:	
New Tenant:	Name:	
	Service Address:	
	Phone:	
	E-Mail:	
** A final read mus final reads. No fina regarding this wat	Name:	vill only take direction
Please Choose One	2:	
1	I want a duplicate bill mailed to the service address. (Owner will receive a co	opy of the quarterly bill)
2	I want this bill sent to the owner's address only.	
The Authority holds tenant/landlord issue	the homeowner responsible for all unpaid water and sewer bills and will not becomes and disputes.	ne involved with
	e owner of the property which is leased to a tenant request that the water service ting), the Authority may discontinue water service after thirty (30) days' written no	
*******PLEASE BE ADVISED ANY REQUESTED FINAL BILL FOR A TENANT COULD TAKE UP TO TWO (2) WEEKS AFTER THE FINAL READ DATE TO BE PROCESSED**********************************		

Signature of Homeowner/Landlord

Date