

Western Monmouth Utilities Authority

SEWER INQUIRY FORM

Date: _____

1. Applicant Name: _____
Applicant Address: _____

Applicant Phone: _____
Applicant Fax: _____
Applicant Email: _____

2. Project Name: _____
Project Address: _____
Project Block: _____ Lot: _____

Project description: _____

3. Billing Address: _____

Billing Phone: _____

Residential _____ Commercial _____ Mixed-Use _____

Number of Residential/Commercial Units: _____

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OFFICE USE ONLY

Sewers Available? ____ Yes ____ No ____ Out of Area ____ Dry

Bayshore Regional Area? ____ Yes ____ No

Englishtown Collector System? ____ Yes ____ No

Type of Connection: ____ Existing CCO ____ Conventional ____ Deep House
____ Core into MH

Special Requirements: ____ Deed Restriction ____ Easement ____ Other

Application type: ____ Simple ____ Complex ____ Project

Comments: _____

Applicant informed? Date: _____

Method of contact: Machine ____ Direct ____ Mail ____ Fax ____ Email ____

Initials: _____ Date: _____