



TOWNSHIP OF PISCATAWAY

WATER METER AFFIDAVIT

WATER METER - ACCOUNT HOLDER INFORMATION

Name: _____

Account Type:

Owner

Company

Tenant

Address: _____

Email: _____

Cell Phone: _____

Fax: _____

Construction Permit #: _____

Contact Person: _____

Meter #: _____

Type of Occupancy/Use: _____

Location of Meter: _____

BUILDING OWNER INFORMATION

Name: _____

Address: _____

Contact #: _____

PROPERTY INFORMATION

Block: _____

Lot: _____

Type of Building: _____

OTHER REQUIRED INFORMATION

Applicant agrees to submit copy of waterbill or verification of service letter within 60 Days.

Applicant: _____

Signature

Date: _____

TOWNSHIP AUTHORIZATION

Tax Collector: _____

Signature

Date: _____