



DATE: _____

SUBJECT: VERIFICATION OF BILLING

RE: PROPERTY ADDRESS _____

WATER ACCOUNT # _____

DEAR CUSTOMER:

Recently we received your name and address as the owner of the above-referenced property. The ACMUA must verify the validity of this information supplied to us by a person other than a settlement company. Please verify the **OWNER INFORMATION, BY SENDING US A COPY OF YOUR SETTLEMENT SHEET, DEED, OR TAX BILL. THIS WILL SATISFY THE PROOF OF OWNERSHIP.**

As a courtesy, the ACMUA will mail the bills to the tenant. **HOWEVER, THE OWNER WILL STILL RETAIN RESPONSIBILITY FOR ALL UNPAID CHARGES** and must sign the proper forms to authorize this change. If the billing address listed below is different than the owner's address, the second page of this form will automatically be sent to the owner. The account will be billed to the owner until the form is signed and returned.

Please complete and return both sheets with a copy of your settlement sheet, deed or tax bill as proof of ownership.

OWNER'S ADDRESS

BILLING ADDRESS

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

STATE & ZIP _____ STATE & ZIP _____

TELEPHONE _____ TELEPHONE _____

E-MAIL ADDRESS _____

Thank you for your help in updating our records.

AFFIDAVIT OF OWNERSHIP

THIS IS TO CERTIFY THAT:

I AM THE OWNER OF THE PROPERTY LOCATED AT _____
ATLANTIC CITY, NJ 08401

1. I REQUEST THAT ALL WATER SERVICE BILLS BE SENT TO:

BILL TO NAME: _____

ADDRESS _____

CITY, STATE, AND ZIP CODE _____

TELEPHONE _____

2. I UNDERSTAND THAT AS OWNER, I RETAIN THE ULTIMATE
RESPONSIBILITY FOR PAYING THE WATER SERVICE BILLS AND CANNOT
DESIGNATE THAT RESPONSIBILITY TO A THIRD PARTY.

OWNERS'S NAME _____

ADDRESS _____

CITY, STATE, AND ZIP _____

TELEPHONE _____

OWNER'S SIGNATURE

DATE