

APPLICATION FOR WATER CONNECTION

Lower Township Municipal Utilities Authority
2900 Bayshore Road • Villas, New Jersey 08251
(609) 886-7146 • Fax (609) 886-4487
www.LTMUA.org

Application Date: _____

Owner(s)/Applicant(s) Full Name: _____

Mailing Address: _____

City/State/Zip: _____

Daytime Telephone: _____ Mobile Phone: _____

Property Address: _____

Account # _____ Block # _____ Lot # _____

IF RESIDENTIAL:

Number of Living Units: _____ Type of Unit: Single Family Townhome/Condo Duplex

IF COMMERCIAL:

Type of Business: _____

Estimated Usage: _____ Gallons per Day

Number of Employees: _____ Hours of Operation: _____

Size of Service: _____ Size of Meter: _____

Number of Toilets: _____ Urinals: _____ Sinks: _____ Tubs and/or Showers: _____

Fire Connection Required: Yes No If yes, indicate size: _____

Payment Plan Requested: Yes No (see payment plan terms on reverse)

Applicant's Signature(s): _____ Date: _____

_____ Date: _____

If you have any questions regarding this application or the attached Resolution, please contact our office at (609) 886-7146, extension 3.

LTMUA USE ONLY

Superintendent: _____ Date: _____ Water Service in Place: _____

Installation: LTMUA Contractor Size of Road Opening Needed: _____

Road Restoration / Road Opening Permit: Yes No

Road Restoration Fee: \$ _____ Permit Fee: \$ _____

Size of Service: _____ Size of Meter: _____