

**APPLICATION FOR DISCONNECTION & RECONNECTION OF SEWER
FACILITIES IN EATONTOWN, NEW JERSEY**

PROPERTY TO BE DISCONNECTED:

BLOCK:

LOT:

OWNER:

PHONE:

ADDRESS OF OWNER IF OTHER THAN ABOVE:

AUTHORIZED AGENT:

PHONE:

AGENT'S ADDRESS:

REASON FOR DISCONNECTION:

I certify that the information on this application is correct.

I have obtained and read the Authority Rules and Regulations and will abide by them.

SIGNATURE OF OWNER (Required):

DATE:

SIGNATURE OF AUTHORIZED AGENT:

DATE:

DO NOT WRITE BELOW THIS LINE

\$100 FEE PAID ON:

CK#

PERMIT #:

\$100 RECONNECTION
FEE PAID ON:

CK#

PERMIT #:

- The Authority must be notified 24 hours in advance of the proposed disconnection/reconnection and the Authority Superintendent must be in attendance.