

**HAMILTON TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
6024 KEN SCULL AVENUE
MAYS LANDING, NJ 08330**

**OFFICE: (609) 625-1872
FAX: (609) 625-0855
www.htmua.com**

APPLICATION FOR A BULK WATER PURCHASE or TEMPORARY WATER CONNECTION

Date Filed _____

I. APPLICATION

Application for **A BULK WATER PURCHASE or TEMPORARY WATER CONNECTION** within the Township of Hamilton, County of Atlantic, State of New Jersey.

Application Fee \$25.00

Plus \$3.00/1,000 gallons when total purchase is less than 20,000 gallons/month

Plus \$4.00/1,000 gallons when total purchase is greater than 20,000 gallons/month

II. PURPOSE

Please describe the reason for the requested **BULK WATER PURCHASE or TEMPORARY WATER CONNECTION** and the **ESTIMATED GALLONS REQUIRED**:

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III. PROJECT INFORMATION

A. Applicant's Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

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IV. LOCATION OF USE/TYPE OF CONNECTION

A. Location of Project: _____

B. Type of Connection (List Hydrant(s) if applicable): _____

Provide any applicable details.

C. Type of metering proposed: _____

Signature of Applicant

_____ Date _____

.....
Make all checks payable to:
HAMILTON TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

.....
DO NOT WRITE BELOW THIS LINE

Date received and fee collected by Authority _____
(Date)

Action of The Hamilton Township Municipal Utilities Authority: APPROVED DENIED

Date _____ BY: _____

TITLE

.....
APPLICATION FEE: \$ 25.00

LABOR CHARGE \$ _____ (IF APPLICABLE)

\$3.00/1000 GALLONS: \$ _____

\$4.00/1000 GALLONS \$ _____

TOTAL AMOUNT DUE: \$ _____

DATE: _____

PERMIT EXPIRES: _____

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TO THE APPLICANT:

Please be advised that the arrangement which you have just made with the Authority is a privilege that is based on mutual trust, which can be withdrawn, if necessary.

It is expected that this privilege will not be abused in any way.

HAMILTON TOWNSHIP
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