

**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

DISCONNECT FEE: PAID ON:	CK#	PERMIT #:
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.