

**APPLICATION FOR CHANGE OF USE OF EXISTING SEWERAGE FACILITIES
IN EATONTOWN, NEW JERSEY**

ADDRESS OF PROPERTY: _____

BLOCK: _____ LOT(S): _____

OWNER: _____ PHONE: _____

ADDRESS OF OWNER IF OTHER THAN ABOVE: _____

AUTHORIZED AGENT: _____ PHONE : _____

AGENT'S ADDRESS: _____

LETTER OF AUTHORIZATION: _____ YES, DATED: _____ NO _____

PLANS PREPARED BY: _____

CONTACT: _____

ADDRESS: _____ PHONE: _____

PRESENT USE: _____

NEW USE: _____

EFFECTIVE DATE OF CHANGE: _____

**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.
I agree to convey by deed to the Authority all necessary easements for sanitary sewer
locations and rights to sewer system.**

SIGNATURE OF OWNER (Required): _____ DATE: _____

SIGNATURE OF AUTHORIZED AGENT _____ DATE: _____