BOROUGH OF BEACH HAVEN
WATER & SEWER DEPARTMENT

Date: _____ **Invoice#:** _____

Cut and Cap (CC) **Construction Meter (CM) $**_____
Water: $ _____**Sewer: $** _____

Meter #:_____

Water Connection (WC) $ _____ **Meter Testing (MT) $** _____

Tapping (T) $ _____ **Shut off: Emerg/Reg $** _____

Meter Part Fees (MF) $_____ **Meter Part:**_____

SECONDARY WATER METER INFO: **Meter #:**_____

1" or ¾: _____ **# feet of wire:** _____

Plumbing Seal: _____ **Transmitter #:** _____

Meter Location:_____ **Pool/Irrigation:**_____

Transmitter/Touch Pad Location: _____

Homeowner Name:_____ _____

Address: _____ **Block:** _____ **Lot:** _____

Contractor Name: _____ **Plumbing Lic.#**_____

Address: _____ **Phone:** _____

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Inspected By: Water: _____Sewer:_____Date of Inspection:_____

Amount: $_____ Payment Type: CC _____ Cash _____ Check #: _____

Meter Reading: _____

300 ENGLESIDE AVE., BEACH HAVEN, NJ 08008 **PHONE: 609.492.4685; FAX: 609.492.3270**