

300 Engleside Avenue Beach Haven, NJ 08008

Phone: (609) 492-0111 Ext. 211 Fax: (609) 492-1814

Finalwater@beachhaven-nj.gov

Final Water & Sewer Meter Reading Request Form

PLEASE SUBMIT THIS FORM AT LEAST 24 HOURS IN ADVANCE FOR A FINAL METER READING. SAME DAY FINAL READINGS CANNOT BE PERFORMED.

Requestor:		Phone:			
Email:	Fax:				
Final Reading Address (Street Address Only, Town and Zip not required)					
Name of Current Owner:					
Block: L	ot:	Qualifi	er:	_	
	Final Reading	g Date & New Ow	ner Information		
Reading Request Date: (Reading date and closs	ing date must be th	e same)			
New Account Holder Name:					
New Mailing Address:					
	(Borough	<mark>ı of Beach Haven T</mark>	o Complete)		
Current Usage Cost	\$	Account # Meter Reading			Date
Current Flat Rate Fee	\$ 238.50		/		
Unbilled Flat Rate Fee Prior Unpaid Balance *	\$ \$	Covers Period of	/	. 10	/
Total Amount Due	\$				
Seller Portion	\$	Buyer Portion	\$	-	
*Interest accrues daily on unpaid balances. Please provide date below to project interest.					
Projected payment Date		<u> </u>			

Make check payable to: Borough of Beach Haven. Please send a copy of this form with payment.