



## **MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY**

1 Park Drive, P.O. Box 486, Mount Holly, New Jersey 08060  
Office (609) 267-0015 / Plant (609) 261-8279 / Fax (609) 267-5420

### **Application for Second Water Meter Program**

Name of Property Owner: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact Person or Tenant (if rental property): \_\_\_\_\_

### **Contact Numbers for Homeowner or Responsible Party**

Home: \_\_\_\_\_ \*Work: \_\_\_\_\_ \*Cell: \_\_\_\_\_

Type of Property: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Tenant Occupied

### **Contact Numbers for Responsible Party or Tenant**

Home: \_\_\_\_\_ \*Work: \_\_\_\_\_ \*Cell: \_\_\_\_\_

### **Meter Information** (If available)

Water Meter Size: \_\_\_\_\_ Make: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Second Meter Size: \_\_\_\_\_ Make: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Credit is based upon the initial reading by the MUA. It is the responsibility of the signer to contact the MUA to schedule the initial reading once the meter has been installed. Credit will not be given for use of the meter prior to the initial reading.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Optional information. All other information is required.