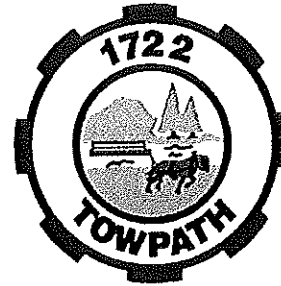


# TOWN OF DOVER

## Water Department

COUNTY OF MORRIS  
37 N SUSSEX STREET  
DOVER, NJ 07801

Telephone: (973) 366-2200 Ext. 1151  
Fax: (973) 328-6524



SERVICE BUILDING  
100 PRINCETON AVENUE  
TELEPHONE 973-366-2200 Ext. 2125

### OWNER TO TENANT FORM INSTRUCTIONS

Enclosed please find an OWNER/TENANT transfer billing request. Please fill in the TENANT'S NAME, SIGN, DATE & PHONE NUMBER where you can be contacted in case of an emergency. Have the TENANT sign and fill in his/her PHONE NUMBER where he/she can be contacted.

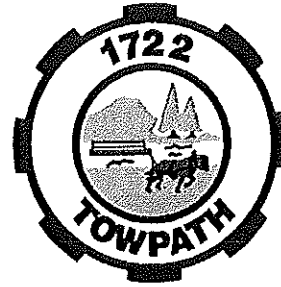
A FINAL READING must be secured prior to the Tenants moving out and/or Tenants moving in. Please call the SERVICE DEPARTMENT at 973-366-2200, Ext. 2125 to schedule an appointment for a FINAL READING.

The property owner is responsible for payment if the Tenant defaults.

Additionally, a \$21.00 reconnect fee/new account fee will be charged on the Tenant's first water and/or sewer bill.

# TOWN OF DOVER

**Water Department**  
COUNTY OF MORRIS  
37 NORTH SUSSEX STREET  
DOVER, NEW JERSEY 07801  
Telephone: (973) 366-2200 Ext. 1151  
macuria@dover.nj.us  
Fax: (973) 328-6524



Service Building  
100 Princeton Avenue  
Dover, New Jersey 07801  
Telephone 973-366-2200 Ext. 2125

## WATER AND/OR SEWER BILL TRANSFER REQUEST OWNER TO TENANT

I, \_\_\_\_\_ request that all water and/or sewer bills incurred at  
\_\_\_\_\_ be paid by \_\_\_\_\_

who is/are the TENANT/TENANTS, and that all water and/or sewer bill be sent to that same address, as agreed between the above TENANT/TENANTS and me. I also understand that in the event the above TENANT/TENANTS default on the water and/or sewer bill, I will be responsible for the complete payment and penalties if applicable.

**YOU MUST MAKE APPLICATION WITH THE HOUSING DEPT FOR A CERTIFICATE OF OCCUPANCY**

\_\_\_\_\_  
**Signature of Tenant**

\_\_\_\_\_  
**Signature of Owner**

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, & Zip: \_\_\_\_\_

Account # \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO THE TOWN OF DOVER WATER DEPARTMENT**