

MOUNT LAUREL TOWNSHIP
Municipal Utilities Authority
1201 SOUTH CHURCH STREET * MOUNT LAUREL, NEW JERSEY 08054
(856) 234-0062 Customer Service * (856) 722-5900
FAX (856) 866-1092 * www.MLTMUA.com

AUTHORIZATION TO BILL TENANT/LANDLORD APPLICATION

DATE: _____

ACCOUNT NUMBER: _____

PLEASE PRINT

LANDLORD: NAME _____

MAILING ADDRESS _____

PHONE _____

NEW TENANT: NAME _____

SERVICE ADDRESS _____

PHONE _____

OLD TENANT: NAME _____

FINAL METER READING _____ **DATE** _____

TWO (2) COPIES OF THIS FORM (WHICH IS THE FINAL BILL) WILL BE MAILED TO THE LANDLORD. TENANT OR LANDLORD MUST READ INSIDE METER FOR FINAL BILL. **MUA DOES NOT GO OUT.**

PLEASE CHOOSE ONE: **Any other requests for bill handling please call Customer Service.**

1. _____ I want the water/sewer bills placed in tenant's name and mailed to the service address.
(Landlord will receive an owner's copy of the monthly bill)
2. _____ I want the water/sewer bills placed in tenant's name and mailed to landlord's address.
3. _____ I want the water/sewer bills placed in landlord's name and mailed to landlord's address.
4. _____ I want the water/sewer bills placed in landlord's name and mailed to service address.

I understand that by mailing the bills to my tenant, and not directly to me, I have no way of knowing if these bills are being paid in a timely manner and if my tenant should leave with an unpaid bill, I am responsible for that bill. **THE MUA HOLDS THE HOME OWNER RESPONSIBLE FOR ALL UNPAID WATER AND SEWER BILLS AND WILL NOT BECOME INVOLVED WITH TENANT/LANDLORD PROBLEMS.**

SIGNATURE OF HOMEOWNER/LANDLORD

DATE

FOR OFFICE USE ONLY

Date to: _____

Arrears \$ _____

Water Amount Due \$ _____ Present Reading _____ Date _____

Sewer Amount Due \$ _____ Previous Reading _____ Date _____

FINAL TOTAL \$ _____ Usage _____ Initials _____