

LATERAL SERVICE REQUEST FORM

Little Egg Harbor
Municipal Utilities Authority
823 Radio Road P.O. Box 660
Little Egg Harbor, NJ 08087
Phone: (609 296-1168 Fax: (609 296-0013

\$25.00 FEE DUE AT TIME OF APPLICATION

Water: _____ Sewer: _____

Date: _____

PREMISES (PLEASE PRINT)

Block _____ - _____ Lot _____ - _____ Qualifier _____

Service
Address: _____

Name of Owner: _____

Mailing Address: _____

Phone No: _____

Name of Applicant: _____

FOR OFFICIAL USE ONLY

Lateral Service Exists

**Lateral Service To Be Installed
Work To Be Performed By Owner**

Water: Yes _____ No _____

Water: Yes _____ No _____

Sewer: Yes _____ No _____

Sewer: Yes _____ No _____

Comments: _____

LEHMUA Authorized Signature _____ Date: _____