

## Atlantic City Municipal Utilities Authority

## <u>AFFIDÁVÍT OF OWNERSHIP</u>

THIS IS TO CERTIFY THAT:
ATLANTIC CITY, NJ 08401  ATLANTIC CITY, NJ 08401  ATLANTIC CITY, NJ 08401
1. I REQUEST THAT ALL WATER SERVICE BILLS BE SENT TO:
BILL TO NAME: Dennis Hewlest
ADDRESS \$ 107 WALNUT ST.
CITY, STATE, AND ZIP CODE HADDONFIELD: NJ 08033
TELEPHONE
2. I UNDERSTAND THAT AS OWNER, I RETAIN THE ULTIMATE RESPONSIBILITY FOR PAYING THE WATER SERVICE BILLS AND CANNOT DESIGNATE THAT RESPONSIBILITY TO A THIRD PARTY.
OWNERS'S NAME DENNIS Hewlett
ADDRESS 107 WALNUT ST.
CITY, STATE, AND ZIP HADDINFIELD, NJ 08033
TELEPHONE
OWNER'S SIGNATURE
Dennis Hewled+ PLEASE PRINT NAME
1-29-16 DATE
NOTARY/WITNESS
DATE ELIZABETH J. ZOLDA

G:/Customer Service\2014 Form/Verification of Billing Form Update 2014

ELIZABETH J. ZOLDA

Notary Public, State of New Jersey
My Commission Expires

May 16, 2018