



MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY

29-37 Washington Street, 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.