

**North Bergen Municipal Utilities Authority
Request For Sewer Billing Name/Address Change
Fax 201-422-0755**

Account #: _____

Property Address: _____

New Bill To Name: _____

New Billing Address: _____

Tenant or Owner: _____ Tenant _____ Owner
(check one)

Owner's Name (please print): _____

Owner's Signature: _____

Date: _____

Reason For Change: _____