

**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: \_\_\_\_\_