

THE BOROUGH OF SAYREVILLE
WATER DEPARTMENT
APPLICATION FOR WATER & SEWER SERVICE

Account # _____

I _____ request water and sewer services at the address of
_____ understand if water and sewer chargers are not paid within
30 days of the billing date, the water shall be shut off in accordance with Ordinance #14-15.1.

Phone Number _____

Email Address _____

Date _____ Property Owner _____ Tenant _____