

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

Telephone # \_\_\_\_\_ Account # \_\_\_\_\_

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

Property owner \_\_\_\_\_ Owners Address: \_\_\_\_\_  
(if different from above)

Tenant \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*\*Transfer Fee \$10.00

\*\*Please fill out the information needed and mail back to us at  
Sayreville Water Department  
167 Main St  
Sayreville, NJ 08872