2016 Water Forgiveness Application

This application is for a one-time adjustment to an abnormally high quarterly water bill pursuant to Ordinance #2015-32C, codified at Borough Code § 204-24D for water bills issued in 2016. All applications for relief **must be submitted to the Borough Clerk's Office within the grace period of the quarterly bill in question**. **A non-refundable, $50.00 application fee must also accompany this application.** If you should have any questions, please review the Water Forgiveness Fact Sheet found on our website at: http://beachhaven-nj.gov/tax-collector/ or contact the Water Department Secretary at 609-492-4685.

For the purposes of this application, "abnormally high" means a quarterly bill in which the usage exceeds the total amount of usage billed to that residence or property for the prior twelve (12) months of usage.

1) Name of Property Owner: _____

2) Phone Number:_____ 3) email:_____

3) Mailing Address:_____

4) Block:_____ Lot:_____ 5) Affected Property Address:_____

6) Billing Period in Question: (Please provide copies of the water bill for the bill period in question, along with the previous four quarterly water billing statements).

Date of Bill in Question: _____

7) Date water leak was discovered: _____

8) Information pertaining to the water loss: (such as location of break/leak, how it was discovered, how long the water was leaking, etc.)(Use additional sheets of paper if necessary.)

9) Explanation of action taken by the property owner to correct the problem for which relief is sought. (In cases of water leaks, satisfactory proof must be provided with this application, that the leak has been repaired.) (Use additional sheets of paper if necessary.)

The here below signed, attests to the validity of the information given in this application and the below is also an authorized signer for/ or of the property owner named above.

Signature of Applicant:_____ Date of Application:_____

Print Name:_____

Forms must be returned to:
Beach Haven Borough Clerk
420 Pelham Avenue
Beach Haven, NJ 08008

FORMS ARE DUE WITHIN THE BILLING GRACE PERIOD OF THE BILLING QUARTER IN QUESTION. FORMS RECEIVED AFTER THAT DATE ARE NOT ELIGIBLE FOR RELIEF.

_____BOROUGH USE ONLY_____

Date Approved: _____ Amount to be Refunded:_____

Date Denied: _____

Borough Manager:_____

Resolution Number:_____