



# ACUA

**Atlantic County Utilities Authority**  
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## CUSTOMER APPLICATION

DATE : \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

NJ DEP #: \_\_\_\_\_

Please complete and fax back to Tanya Tartaglio at 609-569-7334. If you have any questions, please call 609-569-7313.

