MANTUA TOWNSHIP

MUNICIPAL UTILITIES AUTHORITY

401 Main Street, Mantua, New Jersey 08051

Phone: (856) 468-1111 Fax: (856) 464-0034 www.mantuamua.com

APPLICATION FOR HYDRANT FLOW TEST

APPLICANT:	Name:			
	Address:			
	City:	State:	Zip Code:	
	Phone:			
LOCATION:	Tax Map: Plate:	Block:	Lot:	_
FEE:	\$75.00 PER TEST			
DATE OF TEST:		Time:		_
		Si	Signature of Applicant	
			ate	

GENERAL REQUIREMENTS:

All requests for flow tests must be made at least two (2) working days in advance. The Authority reserves the right to reschedule any flow test in the event that an Observer will not be available.

The accepted application shall constitute a contract between the Authority and the applicant, obliging the applicant to pay the Authority its rates as established from time to time, and to comply with its Rates, Rules and Regulations.