

TOWNSHIP OF OCEAN SEWERAGE AUTHORITY
224 ROOSEVELT AVENUE
OAKHURST, NEW JERSEY 07755

DISCONNECTION APPLICATION

Date Received _____

1. Property Address _____

Block _____ Lot _____

2. PROPERTY OWNER

Name _____

Address _____

Phone _____ Email _____

3. Reason for Disconnection _____

**DISCONNECTION SHOULD TAKE PLACE AT THE PROPERTY LINE
AND, IF NO CLEANOUT EXISTS, ONE SHOULD BE INSTALLED**

4. Plumber _____

Address _____

Phone Number _____

5. Length of Disconnection _____
(Time)

Applicant's signature _____
(If applicant is not owner, attach authorization from owner for application)

RETURN WITH CHECK IN THE AMOUNT OF \$50.00 TO "TOWNSHIP OF OCEAN SEWERAGE AUTHORITY"