

TENANT NAME CHANGE REQUEST

**BOROUGH OF SEASIDE HEIGHTS
901 BOULEVARD
P.O. BOX 38
SEASIDE HEIGHTS, NJ 08751-0038
(732)-793-9100 FAX (732)793-0319**

ACCOUNT # _____ DATE MOVED IN _____

PROPERTY ADDRESS _____ APT. # _____

TENANT'S NAME _____
(Please Print)

Home Phone # _____ Cell # _____

As a new tenant, I am requesting the electric service at the above address to be put into my name. I understand that I will be subject to monthly shut-offs for any past due amounts over \$25.00.

*Tenant's Signature _____ Date _____

\$25.00 Non-Refundable Fee _____ Final Read Ordered
Date Paid _____ Yes _____ No _____
Cash Receipt # _____

OWNER'S NAME _____ Tel # _____
(Please Print)

As the owner of the above property, I approve the electric service being put into the above tenant's name as of the date indicated above. I also understand that all electric is municipal, and therefore, may become a lien on the property if not paid at the time of the tax sale.

Do you require a duplicate bill? Yes _____ No. _____

*Owner's Signature _____ Date _____