

CINNAMINSON SEWERAGE AUTHORITY  
1621 RIVERTON ROAD  
CINNAMINSON, NJ 08077  
OFFICE (856) 829-5287/FAX (856) 829-4076

RESIDENTIAL CHANGE FORM

Account Number \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Street Address \_\_\_\_\_

Owner Town, State & Zip \_\_\_\_\_

Owner Phone Number \_\_\_\_\_

Bill To Name \_\_\_\_\_

Street \_\_\_\_\_

Town, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Send bills to:            Owner                      Tenant/Property                      Third Party Billing

Effective Date: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Third Party Billing Agents (Property Management Companies, Bill Service Companies) must submit either a Letter of Authorization or Agreement showing the owner's signature with this form.**

\*\*\*\*\*NOTICE OF RESPONSIBILITY\*\*\*\*\*

**The owner of the property is responsible to ensure all sewer bills are paid. Any unpaid balance is subject to tax lien sale and will go against the property, not the tenant. The Cinnaminson Sewerage Authority must be notified, in writing, when a tenant moves in or out.**