

PLUMBERS AFFIDAVIT

CITY OF WILDWOOD
COUNTY OF CAPE MAY
STATE OF NEW JERSEY

I, _____, of full age, being first duly sworn
(please print name)

according to the law do depose and state:

1. I am a licensed plumber of the State of New Jersey, License No. _____
2. I performed plumbing work for property located at _____
Owned by _____
3. Please describe the nature of the plumbing work performed:
4. Date of inspection or date of repair: _____
5. Please explain why you feel the current assessment for Water and Sewer charges should be reviewed & considered for an adjustment:

The above statement made by me is true and I am aware that the City of Wildwood will rely on this statement in determining if the owner of the property is entitled to an adjustment for water and/or sewer billing.

Sworn to and subscribed before
me this _____ day of
_____, 20_____

SIGNATURE OF PLUMBER

NAME OF COMPANY

Notary Public

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

PLEASE RETURN THESE FORMS TO THE WILDWOOD WATER UTILITY BILLING
OFFICE AT 4400 NEW JERSEY AVENUE, WILDWOOD, NJ 08260 (609) 522-2444