



Department of Code Enforcement
Division of Rent Leveling
 200 South Street, P.O. Box 914
 Morristown, NJ 07963

2017 SEWER SURCHARGE APPLICATION Worksheet

RENTAL ADDRESS _____ OWNER _____

Morristown, NJ 07960 ADDRESS _____

APT#: _____ BLOCK: _____ LOT: _____ CITY/STATE/ZIP _____

OWNER PHONE#: (_____) _____-_____

1) 2016 Sewer Total (Limited to 4 quarters only) \$ _____

2) 50% of 2016 Sewer Total: _____ \$ _____ (=Line 1 divided by Line 2)

3) Total Square Feet in Building: _____

4) Sewer Fee per Square Foot: \$ _____ (=Line 2 divided by Line 3)

5) Total Square Feet in Apartment: _____

6) Annual Sewer Charge: \$ _____ (=Line 4 x Line 5)

7) Monthly Sewer Surcharge: \$ _____ (=Line 6 divided by 12 mos)

Date of Notification: _____

Proposed Effective Date: _____

Expiration Date: _____

ATTACH A COPY OF APPLICABLE SEWER BILLS (Mandatory)

I (we) certify that the tenant has received at least sixty (60) days' notice prior to the effective date of increase. I (we) understand that this Sewer Surcharge is a twelve (12) month payment only, and will not become part of the base rent. I (we) understand that no more than four (4) quarters of sewer bills may be imposed in any twelve (12) month period.

Signature of Owner/Agent

Date