



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

2009 SEWER SURCHARGE APPLICATION Worksheet

RENTAL ADDRESS _____

OWNER _____

Morristown, NJ 07960

ADDRESS _____

APT.# _____ BLOCK _____ LOT _____

OWNER PHONE (_____) _____

- 1) 2008 Sewer Total (Limited to 4 quarters only) \$ _____
- 2) 50% of 2008 Sewer Total \$ _____ (=Line 1 divided by 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 Surcharge \$ _____ (=Line 4 x Line 5)
- 7) **Monthly Sewer Surcharge** \$ _____ (=Line 6 divided by 12)

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