



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

## 2010 SEWER SURCHARGE APPLICATION Worksheet

RENTAL ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_

Morristown, NJ 07960

ADDRESS \_\_\_\_\_

APT.# \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

OWNER PHONE (\_\_\_\_\_) \_\_\_\_\_

- 1) 2009 Sewer Total (Limited to 4 quarters only) \$ \_\_\_\_\_
- 2) 50% of 2009 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