



City of Margate City
Margate Water and Sewer Utilities

9001 Winchester Avenue
Margate City, New Jersey 08402
(609) 822-2921

Disconnect/Shut-off Request Form

Attn: Margate City Water/Sewer Department

Owner's Name: _____

Address: _____

Block: _____ **Lot:** _____

Disconnect/ Shut-off Date: _____

Contractor Name (If Applicable): _____

Contractor email: _____

Demolition: _____ **Lift:** _____ **Winterization:** _____

There is a \$75.00 fee for this service to be paid at the time of request.

If the property has recently been sold, proof of ownership is required. Closing documents or copy of deed change from the title company is sufficient.

Name of Requestor: _____

Signature: _____ **Date:** _____