

CUSTOMER INFORMATION FORM

CARLSTADT SEWERAGE AUTHORITY
429 Hackensack Street, 3rd Floor
Carlstadt, NJ 07072
201-935-2180 (p)
201-935-7735 (f)

ACCOUNT NUMBER # _____

NAME OF COMPANY: _____

TYPE OF BUSINESS: _____

COMPANY BILLING ADDRESS: _____

BUILDING OWNER NAME & ADDRESS: _____

BUILDING OWNER PHONE NUMBER: _____

BUILDING OWNER EMAIL ADDRESS: _____

NAME OF CONTACT PERSON & PHONE NUMBER: _____

QUESTION SECTION:

1. Would you be interested in receiving billing by email? Yes No
2. Would you be interested in online payments? Yes No
3. Would you be interested in credit card payments? Yes No

NOTE: Please return completed form along with your bill to Executive Director Steven Lahullier, via email, at Director@csauthority.org