



TOWNSHIP OF WEST ORANGE
25 LAKESIDE AVENUE, WEST ORANGE, N.J. 07052
DEPARTMENT OF ENGINEERING

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Mayor

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**APPLICATION FOR REIMBURSEMENT COSTS OF ELECTRICITY
PURSUANT TO THE REVISED GENERAL ORDINANCES OF THE TOWNSHIP OF WEST ORANGE**

(PLEASE TYPE OR PRINT)

1. NAME: _____ 2. TELEPHONE NUMBER: _____
3. STREET ADDRESS: _____
4. BLOCK: _____ LOT: _____ (FOR WHICH REIMBURSEMENT IS SOUGHT)
5. NAME OF ASSOCIATION OR GROUP: _____
6. ADDRESS: _____
7. SERVICE PAYMENTS MADE BY () INDIVIDUAL () ASSOCIATION () OTHER (SPECIFY) _____
8. TOTAL AMOUNT OF REIMBURSEMENT SOUGHT: _____
9. ENCLOSE COPIES OF ALL BILLS FOR WHICH REIMBURSEMENT IS SOUGHT.
10. YEAR FOR WHICH REIMBURSEMENT IS SOUGHT _____

APPLICANT'S CERTIFICATION

I certify that the foregoing statements and information are true to the best of my knowledge and belief. I am aware that if any of the foregoing is willfully false. I am subject to punishment.

BY: _____ TITLE: _____ DATE: _____

PLEASE RETURN APPLICATION AND COPIES OF BILLS TO:

TOWNSHIP ENGINEER
TOWNSHIP OF WEST ORANGE
25 LAKESIDE AVENUE
WEST ORANGE, NJ 07052

(BELOW FOR OFFICIAL USE ONLY)

APPROVALS: Chief Financial Officer _____

Director of Engineering _____