

**PLUMBERS AFFIDAVIT**

CITYOF WILDWOOD  
COUNTY OF CAPE MAY  
STATE OF NEW JERSEY

I, \_\_\_\_\_, of full age, being first duly sworn  
(please print name)

according to the law do dispose and state:

1. I am a licensed plumber of the State of New Jersey, License No. \_\_\_\_\_
2. I performed plumbing work for property located at \_\_\_\_\_  
Owned by \_\_\_\_\_
3. Please describe the nature of the plumbing work performed:
4. Date of inspection or date of repair: \_\_\_\_\_
5. Please explain why you feel the current assessment for Water and Sewer charges should be reviewed & considered for an adjustment:

The above statement made by me is true and I am aware that the City of Wildwood will rely on this statement in determining if the owner of the property is entitled to an adjustment for water and/or sewer billing.

Sworn to and subscribed before  
me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PLUMBER

\_\_\_\_\_  
NAME OF COMPANY

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

PLEASE RETURN THESE FORMS TO THE WILDWOOD WATER UTILITY BILLING  
OFFICE AT 3416 PARK BOULEVARD, WILDWOOD, NJ 08260 (609) 846-0600