

# LOGAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

69 JEFFERSON LANE  
LOGAN TOWNSHIP, NJ 08085

Tel: (856) 467-1650  
Fax: (856) 467-8551

Business Hours  
7:00 AM - 3:30 PM  
Monday - Friday

## Permanent Disability Discount Eligibility Form

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Proof of Ownership: Mortgage Statement / Title / Tax Bill

Document Received: \_\_\_\_\_

Proof of Residency: Utility Bill

Document Received: \_\_\_\_\_

Proof of Disability:

Document Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Please attach a copy of all necessary documents for approval.