



RENT CONTROL BOARD

428 60TH STREET
WEST NEW YORK, N.J. 07093-2231
(201) 295-5290/91/92

Marielka Diaz
COMMISSIONER
DEPT. OF PUBLIC AFFAIRS

**NOTICE OF SEWERAGE UTILITY PASS ALONG COMPUTATION
(PURSUANT TO CHAPTER 312-13)**

TO (NAME ADDRESS AND APT. # OF TENANT)

1. DATE:
2. PROPERTY ADDRESS:
BLOCK LOT:
3. NAME AND ADDRESS OF LANDLORD: _ _ _ _ _
4. NUMBER OF UNITS _____ RESIDENTIAL _____ COMMERCIAL _____
5. TOTAL AMOUNT OF 1998 SEWERAGE BILLS (ATTACH COPIES OF BILLS)
6. TOTAL AMOUNT OF BILLS FOR ____ YEAR INCREASE ASSESSMENT IS SOUGHT
(ATTACH COPIES OF BILLS FOR THAT YEAR)

7. DIFFERENCE BETWEEN 5 AND 6 (SEWERAGE INCREASE FOR WHICH ASSESSMENT IS SOUGHT)

8. DIVIDE NUMBER IN QUESTION 7 BY NUMBER OF ROOMS IN DWELLING

9. DIVIDE NUMBER IN QUESTION 8 BY 12 MONTHS (PER ROOM PER MONTH CHARGE)

10. MULTIPLY BY NUMBER OF ROOMS PER APARTMENT (MONTHLY APT. SURCHARGE)

11. ATTACH PROOF THAT SEWER BILLS FOR THAT YEAR INCREASE ASSESSMENT IS SOUGHT AND TAX BILLS FOR THE YEAR ASSESSMENT IS SOUGHT IS PAID.
12. ATTACH A COPY OF CERTIFICATE OF SUBSTANTIAL COMPLIANCE FOR TRIS BUILDING.
13. A COPY OF THIS FORM SHALL BE SERVED UPON THE TENANTS BY THE LANDLORD



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14. EXEMPTIONS:

- A. NO PASS ALONG WILL BE ALLOWED IN BUILDING WITH COMMERCIAL UNITS UNLESS THERE IS A SEPARATE METER INSTALLED TO DETERMINE THE RESIDENTIAL USE ONLY. SENIOR CITIZENS WHO SATISFY THE MOST RECENT GUIDELINES FOR INCOME ESTABLISHED AND PROMULGATED UNDER THE PHARMACEUTICAL ASSISTANCE FOR THE AGED AND DISABLED PROGRAM (PAAD) ARE EXEMPT FROM ASSESSMENTS UNDER THIS ORDINANCE FOR SEWAGE UTILITY PASS ALONG.

I CERTIFY THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND I UNDERSTAND THAT IF SUCH STATEMENT SARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT AND PENALTY UNDER THE WEST NEW YORK RENT CONTROL ORDINANCE.

(PRINT NAME UNDER SIGNATURE)

IF ADDRESS IS DIFFERENT THAN LANDLORD'S ADDRESS PROVIDE ADDRESS AND RELATIONSHIP BETWEEN PARTY SIGNING APPLICATION AND LANDLORD.