

Dear Customer:

Please provide information required on attached card.

* Well Reminder: Monthly

* Deduct Reminder: Minimum (1) per calendar year to receive credit.

Your prompt cooperation would be sincerely appreciated.

UNITY TOWNSHIP MUNICIPAL AUTHORITY

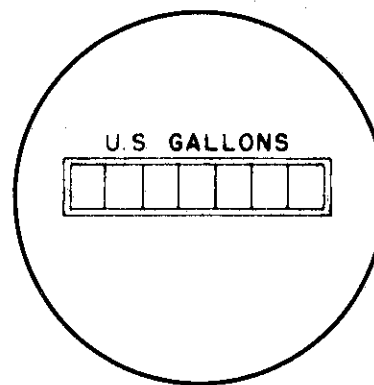
Date _____

Account No. _____

Please Circle Type of Meter:

*WELL METER

*DEDUCT METER



SIGNATURE _____