

CITY OF ASBURY PARK  
ONE MUNICIPAL PLAZA  
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100  
WWW.CITYOFASBURY PARK.COM



**JOHN MOOR, MAYOR**  
**AMY QUINN, DEPUTY MAYOR**  
EILEEN CHAPMAN, COUNCILPERSON  
YVONNE CLAYTON, COUNCILPERSON  
JESSE KENDLE, COUNCILPERSON

DONNA M. VIEIRO, CITY MANAGER  
MELODY HARTSGROVE, RMC, CITY CLERK

**Installment Plan Application** (Please complete the entire form and supply a copy of a photo ID)

Date: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_  
Property Location: \_\_\_\_\_ Property Class: \_\_\_\_\_

I, \_\_\_\_\_, am the owner of the above listed property and hereby request to enter into a sewer utility payment plan with the City of Asbury Park governed under the provisions of N.J.S.A. 54:5-19 and P.L. 2021, c. 317.

P.L. 2021, c. 317 requires residential customers to be offered an installment plan for any sewer arrearages accruing between March 9, 2020 and March 15, 2022. Sewer liens that were sold before January 1, 2022 cannot be included in the installment plan. Installment plans offered by municipalities and local authorities for arrearages accruing between March 9, 2020 and March 15, 2022 are subject to the provisions of N.J.S.A. 54:5-19, unless P.L. 2021, c. 317 states otherwise. A residential customer must agree to an installment plan within 30 days of being offered a plan.

The installment plan shall have a minimum 12-month duration, unless the residential customer requests a shorter payback period. Installment plans must have equal monthly payments and a residential customer must make timely payments on the arrearages and current fees and charges (including property taxes and local assessments). The residential customer must know the monthly payment amount for the installment plan before agreeing to the plan. If the residential ratepayer does not pay their arrearages and/or current charges within 30 days after the due date, then the installment plan is void. All installment plan and current payments must be made with certified funds.

Monthly Payment: \_\_\_\_\_ (Completed by the Collector)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact Info:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

OFFICIAL USE ONLY:

Approved: \_\_\_\_\_ Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

Signature of the Collector: \_\_\_\_\_ Date: \_\_\_\_\_