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COMPANY UPDATE FORM

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Company Website: _____

Primary Contact Person: _____ Title: _____

Primary Contact Email: _____ Primary Contact Phone: _____

List Additional Representative(s) from Your Company

Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alt Phone: _____

Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alt Phone: _____

Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alt Phone: _____

To Add Additional Company Representatives – Please copy form and complete this section

List Products / Services That Your Company Provides: _____

This information will be listed under your company listing in our magazine.
Please use back of form if needed.

THANK YOU FOR YOUR SUPPORT!