Please return, via Fax or Regular Mail, to:

Nyack Water Department

9 No Broadway, Nyack, NY 10960

Phone: 845-358-0641
Fax: 845-358-0883
Email: nyackwater@nyack.gov

For Office Use Only	
Account #	
Meter #	
Former Occupant	
New Service	
Received By	Date

Application for Water Service

Location Of
Premises _____

_____

_____ Owner
Customer (Print) _____ _____ Lessee

Billing/Mailing
Address _____

_____

Date of
Purchase or Lease _____

Former Residence
or Place of Business _____

_____ Did you pay for Water Service there? Yes _____ No _____

Phone #: Home _____ Business _____ Cell _____

Employed
By _____ How Long
Employed _____

Business Address _____

_____ Dept _____

The undersigned agrees to comply with all the rules and regulations of the Nyack Water Department and to be responsible for the payment of all bills for water supplied to the above premises from _____ until the company is notified in writing of change of ownership or tenancy and to assume all charges for water caused by frost, hot water, misuse, external causes or normal wear.

_____
Signature of Customer

_____
Print Name