

<i>For Office Use Only</i>	
Account #	
Meter #	
Former Occupant	
New Service	
Received By	Date

Please return, via Email, Fax or Regular Mail, to:

Nyack Water Department

9 No Broadway, Nyack, NY 10960

Phone: 845-358-0641

Fax: 845-358-0883

nyackwater@nyack-ny.gov

Application for Water Service

Location Of
Premises

Customer (Print) _____ Owner
 Lessee

Billing/Mailing
Address

Date of
Purchase or Lease

Former Residence
or Place of Business

Service

Did you pay for Water

_____ there? Yes No

Phone #: Home _____ Business _____ Cell _____

Employed

How Long

By _____

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