



The City of New York
Department of Environmental Protection
Bureau of Customer Services
59-17 Junction Boulevard
Flushing, NY 11373-5108

Customer Registration Form for Water and Sewer Billing

Property and Owner Information:

- (1) Property receiving service is located in the Borough of
Block: Lot:
- (2) Account Number (if applicable):
Meter Number (if available - include the letter):
- (3) Street Address of Property Receiving Service:
Street City State Zip
- (4) Full name, mailing address, home phone and business phone numbers of owner of property receiving service:
(please provide information on owner ONLY; do NOT give information on property manager or tenant):
Owner's Name Business:
or Individual:
(Last Name) (First Name) (MI)
Street City State Zip
Home Phone(Numbers Only): Business Phone(Numbers Only):

Customer Billing Information:

PLEASE NOTE:

- A. Water and sewer charges are the legal responsibility of the owner of a property receiving water and/or sewer service. The owner's responsibility to pay such charges is not affected by any lease, license or other arrangements, or any assignment of responsibility for payment of such charges.
 - B. Water and sewer charges constitute a lien on the property until paid. In addition to legal action against the owner, a failure to pay such charges when due may result in foreclosure of the lien by the City of New York, or the property being placed in a lien sale by the City.
 - C. Original bills for water and/or sewer service will be mailed to the owner, at the owner's address specified on this form. DEP will provide a duplicate copy of bills to one other party (such as a managing agent) if so requested below, provided, however, that any failure to delay by DEP in providing duplicate copies of bills shall in no way relieve the owner from his/her/its liability to pay all outstanding water and sewer charges.
- (5) If you would like a duplicate copy of bills sent to another party, please check here and fill out the following information:
Name of Party to Receive Duplicate Copies of Bills:
 - (6) Mailing Address: Street City State Zip
 - (7) Relationship to Owner (check one): Managing Agent Mortgagee
Tenant Other (please explain):

Owner's Approval

The undersigned certifies that he/she/it is the owner of the property receiving service referenced above; that he/she/it has read and understands Paragraphs A, B, C under the section captioned "Customer Billing Information"; and that the information supplied by the undersigned on this form is true and complete to the best of his/her/its knowledge.

- (8) Owner's EIN or SSN(Numbers only): E-mail:
- (9) Name of Owner:
- (10) Signature: _____
Name and Title of Person Signing for Owner, if applicable:
Date(mm/dd/yyyy): / /