

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):

Street Address of Property Receiving Service:

(3)

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.

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 places in a lien sale by the City.

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.

**B.**

**C.**

(5)

If you would like a duplicate copy of bills sent to another party, please check here information:

and fill out the following

Name of Party to Receive Duplicate Copies of Bills:

(6)

(7)

Mailing Address: Street

City

State

Zip

Relationship to Owner (check one):

Managing Agent

Tenant

Mortgagee

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)

(9)

Owner’s EIN or SSN(Numbers only):

E-mail:

Name of Owner:

(10)

Signature:

Name and Title of Person Signing for Owner, if applicable:

Date(mm/dd/yyyy):

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