

Please return, via Fax, E-mail, or Regular Mail, to:

Nyack Water Department

9 No Broadway, Nyack, NY 10960

Phone: 845-358-0641

Fax: 845-358-0883

Email: nyackwater@nyack-ny.gov

Application for Water Service

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

Location Of Premises _____

Customer (Print) _____ Owner
_____ 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