



WESTCHESTER JOINT WATER WORKS

REQUEST FOR FINAL READ

(PLEASE COMPLETE ENTIRE FORM, NO FINAL READS WILL BE PROVIDED UNLESS NEW OWNER CONTACT INFORMATION AND A COMPLETED WATER SERVICE APPLICATION ARE PROVIDED)

PREMISES ADDRESS: _____

CUSTOMER ACCOUNT # : _____ - _____ - _____

NAME of CURRENT OWNER/TENANT (*please circle one*) _____

IN ORDER TO SCHEDULE A FINAL READING, WE NEED AT LEAST THREE (3) FULL BUSINESS DAYS' NOTICE AND ONE (1) DAY TO PREPARE THE FINAL BILL. A FEE OF **\$65.00** WILL BE ADDED TO THE BILL IF WE DO NOT HAVE THE REQUIRED ADVANCE NOTICE.

FINAL READ DATE REQUESTED: _____ CLOSING DATE: _____

WESTCHESTER JOINT WATER WORKS (WJWW) WILL CALL TO CONFIRM TIMED APPOINTMENT IF NEEDED; OTHERWISE ACCESS TO METER IS NOT NECESSARY. WJWW RESERVES THE RIGHT TO CHANGE THE METER AT TIME OF READ.

APPOINTMENTS ARE SCHEDULED DURING THE FOLLOWING TIME SLOTS. PLEASE SELECT THE TIME WINDOW YOU PREFER. THE WJWW WILL MAKE EVERY EFFORT TO ACCOMMODATE YOUR REQUEST.

7:30-8:00am 8:30-9:00am 9:00am-12:00pm 12:00pm-2:00pm

NEW OWNERS'/TENANTS' NAME, (*please circle one*) _____

NEW OWNERS'/TENANT PHONE/CELL # _____

NEW OWNERS'/TENANT EMAIL ADDRESS _____

ADDRESS OR FAX# WHERE FINAL BILL WILL GO: _____

NAME AND CONTACT NUMBER OF THE PERSON ORDERING THE FINAL READ SO THAT WE MAY REACH YOU.

ARE YOU A REALTOR? _____ YES _____ NO

1625 MAMARONECK AVENUE

MAMARONECK, NY 10543

(914) 698-3500

PLEASE FAX COMPLETED FORM TO (914) 381-0349



WESTCHESTER JOINT WATER WORKS

1625 Mamaroneck Avenue

Mamaroneck, New York 10543

Telephone: 914-698-3500 Fax: 914-381-0349 Web Site: www.wjww.com

APPLICATION FOR WATER SERVICE - NEW OWNER/TENANT

THIS SECTION FOR OFFICE USE ONLY							<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> CHANGE OF OWNERSHIP
	BOOK AND PAGE	ACCOUNT	CLASS	NO. UNITS	DISTRICT CODE	BILLING CODE	

Application is hereby made to the Westchester Joint Water Works for water service to the premises described below, subject to the Rules and Regulations now in effect or that may hereafter be adopted or amended. **Please note that the owner of the property is ultimately responsible for the payment of all water bills.**

PROPERTY DESCRIPTION - Bills will be sent to the owner at the premises address unless specified otherwise

STREET NUMBER		STREET NAME	
SECTION	BLOCK	LOT	MUNICIPALITY

Owner's Information (Please fill out completely and sign in designated space below):

Owner's Name:			
Telephone:	Cell Phone:	Email address:	
Street number		Street name	
City		State	Zip
Contact Person's Name:		Telephone:	Email Address:

Billing Address and Related Information (If different from above) :

Name:		Telephone:	Cell Phone:
Billing Address:		Email Address:	
X			
Signature of <input type="checkbox"/> Owner <input type="checkbox"/> Agent (check one)		Title (If owner is partnership or corporation)	Date of application

NOTE: Service for a NEW ACCOUNT will not be turned-on until customer's service line and meter setting have been inspected and approved, all charges are paid and an application is completed and signed.

Application for a CHANGE OF OWNERSHIP must be completed, signed, dated and returned to the Water Works within 10 days. If not received by then, we will assume that water service is not required and such service shall be terminated and not resumed thereafter until the completed application is received together with the applicable turn-on-fee.

FOR OFFICE USE ONLY

Application Accepted By:		Date:	Received \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check No.			
						By	Date
TAP SIZE	LINE SIZE	LINE LENGTH	Line Material	INSTALL DATE	METER SIZE	METER SETTING	ENTERED IN COMPUTER