



# PORT WASHINGTON WATER DISTRICT

38 SANDY HOLLOW ROAD ♦ POST OFFICE BOX 432  
PORT WASHINGTON, NY 11050  
(516) 767-0171 ♦ FAX (516) 767-1145

Acct. No. \_\_\_\_\_

## AFFIDAVIT

CHANGE OF OWNERSHIP

SPECIAL BILL MAILING

I, \_\_\_\_\_, am the owner of the premises known as  
Please print name

Property is: RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

If Commercial: TENANT NAME \_\_\_\_\_

TENANT'S PHONE NUMBER \_\_\_\_\_

I request that the records of the Port Washington Water District be changed to reflect my ownership and that all future bills be sent to me at: \_\_\_\_\_

I am aware that the Rules and Regulations of the Port Washington Water District do not permit water bills to be sent to anyone but the legal owner of the premises for which the bill is rendered and that in mailing future bills as requested above, the Port Washington Water District will rely upon the truth of the contents of this affidavit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date