

FOR OFFICE USE ONLY

Tracking No. _____

Date Received: _____

IMPORTANT: ATTACH COPIES OF **ALL CANCELED CHECKS & RECEIPTS** showing payment to be refunded or transferred. RETURN COMPLETED APPLICATION TO:

Department of Environmental Protection
Bureau of Customer Services - REFUND DEPT.
59-17 JUNCTION BLVD., 7th Floor
CORONA, N.Y. 11368

INSTRUCTIONS FOR FILLING OUT THIS REFUND APPLICATION

1. Account Number: Enter the frontage or meter account number.
2. Borough - Block - Lot: Enter the borough, block, and lot number where the premise is located.
3. Service Address: Enter the street address of the premise.
4. Applicant / Owner's Name: Enter the name of the person or entity that owns the property. If the applicant applying for refund is NOT the owner, indicate this. If applicant is not OWNER OF THE PROPERTY, applicant must submit a notarized letter of authorization signed by the owner.
5. Mailing Address: Enter the mailing address for the property, if different from the service address. If same, you can enter "SAME".
6. Date Property Purchased - Date the owner acquired this property.
7. Daytime Phone Number: Enter your home and/or business phone number, or a cell phone or beeper number where you can be reached or where a message can be left for you during normal business hours (9 am - 5 pm).
8. Refund or Transfer - Indicate whether you wish to receive a refund check, or transfer the funds to another account - Specify dollar amount.
If Transfer indicate account number the credit is to be transferred to.
If Refund, indicate name of payee and address where the refund check is to be mailed.
9. Please check the appropriate box.
10. If yes, give the name and address of bank or mortgage company.
11. Guarantee: Read agreement, write name, enter signature, enter account number, service address, date signed. Please note that **NO REFUNDS WILL BE ISSUED WITHOUT AN ORIGINAL SIGNATURE.**

NOTE: ALL CREDIT BALANCES ARE SUBJECT TO VERIFICATION. YOU MUST ATTACH COPIES OF CANCELED CHECKS AND/OR RECEIPTS. THE AMOUNT OF THE CHECKS AND/OR RECEIPTS SHOULD BE EQUIVALENT OR GREATER THAN THE AMOUNT OF THE REFUND YOU ARE REQUESTING. IF YOU DO NOT PROVIDE PROOF OF PAYMENT(S), YOUR REFUND MAY NOT BE PROCESSED.



NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CUSTOMER SERVICES - REFUND UNIT
REFUND & TRANSFER OF CREDIT APPLICATION

ACCOUNT INFORMATION:

- Account No. (found on water bill): - -
- BOROUGH: _____ BLOCK: _____ LOT: _____
- Service Address: _____
(Include City, State, Zip Code)
- Applicant / Owner's Name: _____
IF YOU ARE NOT THE OWNER OF THE PROPERTY, **YOU MUST SUBMIT A NOTARIZED LETTER OF AUTHORIZATION FROM THE OWNER** AND ATTACH TO THIS FORM.
- Mailing Address: _____
(If same as Service Address, write "Same")
- Date Property Purchased: _____
- Daytime Phone Number: _____
- Do you wish a refund or a transfer of credit (check appropriate box and specify dollar amount):
 - ◆ REFUND Specify Amount \$ _____
 - ◆ CREDIT TRANSFER Specify Amount \$ _____

IF TRANSFER, INDICATE ACCOUNT NUMBER CREDIT IS TO BE TRANSFERRED TO:

- -

NOTE: NEW CHARGES BILLED TO THE ACCOUNT WILL BE DEDUCTED FROM ANY CREDIT BALANCE.

IF REFUND: MAIL REFUND CHECK TO:

NAME: _____

ADDRESS: _____

9. Were your payments made through a mortgage escrow account? Yes No

10. If yes, give the name of the bank or mortgage company / address:

Name: _____

Address: _____

11. GUARANTEE

PAYEE AGREES TO HOLD THE CITY HARMLESS AND GUARANTEES THAT IN THE EVENT THAT ANY OTHER PARTY SUCCESSFULLY PROVES THAT THIS CREDIT WAS DUE TO THAT PARTY, PAYEE WILL INDEMNIFY THE WATER BOARD FOR ANY ADDITIONAL FUNDS THAT ARE REQUIRED TO BE DISBURSED.

I, _____, (applicant name), have overpaid water/sewer charges and am entitled to the refund and/or credit from the N.Y.C. Water Board for Account # _____ located at _____
(Service Address)

Print Name: _____
(PLEASE PRINT FULL NAME HERE)

Sign Name: _____ Date of Application: _____
(Month / Day / Year)

* NO REFUNDS WILL BE ISSUED WITHOUT ORIGINAL SIGNATURE

FOR OFFICE USE ONLY:

Application Processed by: _____	Date: _____
Application Reviewed by: _____	Date: _____
Approved by: _____	Date: _____
Approved by: _____	Date: _____