



138 East Park Avenue, Long Beach, NY 11561
Tel (516) 889-6664 • (866) 8UTILITY
Fax (516) 889-6665
www.metropolitanrefunds.com

Instructions for filling out DEP's Customer Registration Form

By completing and filing the enclosed form, DEP's records will be updated to reflect current information for this account. The form can be filled out online and printed when completed. Follow the directions on the second page for mailing to DEP.

If you want our office to file the form, and track DEP's records to reflect the updating of the information, please mail us the enclosed form with a request to file same.

If you have any problems or questions, please call (516) 889-6664 and ask for assistance.

Thank you!

Metropolitan Refunds

Instructions for filling out this Customer Registration Form

Property and Owner Information

- (1) **Borough --- Block Lot:** Enter the borough in which the property is located followed by its block and lot numbers.
- (2) **Account Number and Meter Number:** Enter the customer account number, if applicable. If the water meter number is available, provide this as well.
- (3) **Street Address of Property Receiving Service:** Enter the address of the premises.
- (4) **Mailing Address:** Enter the address of the owner if it is different from the street address of the property receiving service. **Owner's Name:** Enter the name of the business if the owner is a business. Enter the Last Name, First Name, and Middle Initial of the owner if the owner is an individual. **Owner's Telephone Number:** Enter the owner's telephone numbers, including the area codes.

Customer Billing

- (5) **Duplicate Copies of Bills:** Enter the name of the party to receive duplicate copies of bills.
- (6) **Mailing Address:** Enter the mailing address including the zip code of the party to receive duplicate copies of bills.
- (7) **Relationship to the Owner of the Property Receiving Service:** Check the option that identifies the relationship to the owner and if other, explain.

Owner's Approval

- (8) **Owner's EIN or SSN:** Enter the owner's EIN (Employer Identification Number) if the owner is a corporation or a partnership. Enter the owner's SSN (Social Security Number) if the owner is an individual. Enter a complete E-mail address, if available.
- (9) **Name of Owner:** Enter the name of the individual owner of the business entity who will sign this form.
- (10) **Signature:** The owner of the property must sign the registration form. **Name and Title of Person Signing for Owner:** The corporate officer or the person (name and title) signing for the owner must sign the registration form in order for it to be valid.

Date: Please indicate the date the form is signed.

Important Information for New Property Owners

All property owners must file a completed Customer Registration Form. This will ensure that water and sewer bills are mailed to the owners who are responsible for making payments. Please make sure that the form is completed accurately. Our Customer Service Representatives may be contacted at (718) 595-7000 if you have any questions pertaining to the Customer Registration Form or if you need assistance in completing the form.

Please return the completed form to:

NYC Department of Environmental Protection
Bureau of Customer Services
Attn: Mail Services/Registration Unit
59-17 Junction Boulevard, 7th Floor
Flushing, NY 11373-5108



www.nyc.gov/dep

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):
(3) Street Address of Property Receiving Service:
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.
B. Water and sewer charges constitute a lien on the property until paid.
C. Original bills for water and/or sewer service will be mailed to the owner, at the owner's address specified on this form.
(5) If you would like a duplicate copy of bills sent to another party, please check here [] and fill out the following information:
Name of Party to Receive Duplicate Copies of Bills:
(6) Mailing Address: Street City State Zip
(7) Relationship to Owner (check one): Managing Agent [] Mortgagee []
Tenant [] 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) Owner's EIN or SSN(Numbers only): E-mail:
(9) Name of Owner:
(10) Signature:
Name and Title of Person Signing for Owner, if applicable:
Date(mm/dd/yyyy): / /