



Managers of  
City of Buffalo-Division of Water

Customers:

Please complete and sign the enclosed forms and return to the address listed below with the item(s) checked below.

Please Note:

**ONLY AN OWNER CAN REQUEST A RECONNECT  
OR DISCONNECT OF WATER SERVICE OR A  
CHANGE OF ADDRESS.**

- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | Turn Off Fee  | \$22.97  |
| <input type="checkbox"/> | Turn On Fee   | \$22.97  |
| <input type="checkbox"/> | Turn Off Street Valve   | \$160.95 |
| <input type="checkbox"/> | Turn On Street Valve  | \$160.95 |
| <input type="checkbox"/> | <b>Required:</b> Copy of Picture ID (e.g.: Driver's License, Non-Driver's License, Benefit Cards) |          |

**Managers of the City of Buffalo-Division of Water  
281 Exchange Street  
Buffalo, New York 14204  
(716) 847-1065 Customer Service;  
(716) 847-1078 Collections;  
(716) 847-0150 Fax**



CITY OF BUFFALO-DIVISION OF WATER APPLICATION

DATE:
Service Location:
Acct. or Bill No.

Section I

Tenant Name: \_\_\_\_\_

Turn On
Turn Off
Non-Payment

Tenant Mailing Address: \_\_\_\_\_
(If bills are mailed to the tenant & different than Owners)

Section II

PLEASE PRINT

Owner Name: \_\_\_\_\_ Last First MI

Business Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_
Street address where water bill is to be sent

City State Zip

Telephone # \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_

Contact Person \_\_\_\_\_ Tax ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

\*\* Social Security Number \_\_\_\_\_
(\*\* Optional) to be used for Credit Reporting Purposes only

The undersigned accepts responsibility for payment for all water bills for the above-mentioned property and agrees to abide by all rules and regulations governing water service to the above-mentioned property. Failure to comply may result in termination of your water service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Owner)

Section III

TURN ON WATER RISK

I, \_\_\_\_\_ residing at \_\_\_\_\_
Please print Owner's address

hereby give the City of Buffalo-Division of Water permission to turn on the water at

Property without water

I will not hold the City of Buffalo-Division of Water responsible for property damages that may occur in my absence during the restoration of my water service.

Phone #

Signature (Owner/Tenant/Property Manager)

\* Please be sure that your faucets are in the off position. Please be sure that all drains are free of debris that can cause flooding and property damage. In the event that I fail to take the aforementioned precautions, I agree to hold the City of Buffalo-Division of Water, its' staff, its' agents and /or management firm harmless for damages or expenses I may incur. Thank you.



METERED

FLAT RATE

NON-PAYMENT

Owner's Name: \_\_\_\_\_  
Please Print

Section IV

**NOTICE OF REQUEST TO RECONNECT WATER SERVICE**

Service Location \_\_\_\_\_ Acct. or Bill No. \_\_\_\_\_

**T  
U  
R  
N  
O  
N**

For the reconnection of water supply, the City of Buffalo-Division of Water must be notified in writing.

I would like the meter installed and/or the water service reconnected to the property listed above. I have provided the appropriate turn-on fee of \$ \_\_\_\_\_ and picture identification. (Driver's license or State ID)

I understand that no person shall turn on the service without the permission or order from the Division of Water. Furthermore, I agree that all outstanding amounts will be paid in full before reconnection can take place.

\_\_\_\_\_  
Phone Number Signature (Owner/Tenant/Property Manager)

Section V

**NOTICE OF REQUEST TO DISCONTINUE WATER SERVICE**

Service Location \_\_\_\_\_ Acct. or Bill No: \_\_\_\_\_

**T  
U  
R  
N  
O  
F  
F**

For the discontinuance of water supply to any property, the City of Buffalo-Division of Water must be notified in writing.

I would like the meter removed and/or the water service terminated to the property listed above due to vacancy. I have provided the appropriate turn-off fee of \$ \_\_\_\_\_ and picture identification. (Driver's license or State ID)

I understand that no person shall reinstate (turn on) the service to the above-mentioned property without the permission or order of the Division of Water. Furthermore, I am in complete agreement that any outstanding amounts remaining on the account listed above shall become a lien on the premises and will be subject to the application of penalty charges until paid in full. Penalty charges will be added to the account at the rate of 4.5% quarterly and must be paid in full prior to the reconnection of water service.

\_\_\_\_\_  
Phone Number Signature (Owner/Tenant/Property Manager)

**OFFICE USE ONLY**

Book No \_\_\_\_\_ Bill No \_\_\_\_\_ Size \_\_\_\_\_ Meter No \_\_\_\_\_

Appointment Date \_\_\_\_\_ ID Presented \_\_\_\_\_

Ordered Off/On \_\_\_\_\_ with \_\_\_\_\_ at \_\_\_\_\_ Rep \_\_\_\_\_

Turned Off/On \_\_\_\_\_ Verify \_\_\_\_\_

Processed On \_\_\_\_\_