## The Town of Alexandria Water & Sewer Department Customer Information Form

## Please return this completed form to:

- Please Print Using Blue or Black Ink
- Mail / Drop Box: The Town of Alexandria, 46372 County Route 1, Alexandria Bay, NY 13607
- Email: alexclrk@townofalexandria.org
- Any Questions Please Call the Town Clerk's Officer at (315) 482-9519 ext. 1

Primary Owner Information			
Name(LAST) (FIRST) (MIDDLE INITIAL)	Service Bill sent to your Service Address		
Check Box If This Is Your Primary Residen Service Location	ce If NO - Do you rent this location? - Is This a Seasonal Home? City Zip		
Home Phone Work Phone			
Cell Phone E-mail  Check Box if you want electronic billing instead of paper billing (e-mail address required)			
What District are you in: (If Known)  Redwood  Otter Street  Route 12 Water	Route 12 Sewer Edgewood Carnegie Bay		
Billing Information (Complete this section if different from Primary Owner Information)			
Name (LAST) (FIRST) (MIDDLE INITIAL)	······································		
Billing Address	City State Zip		
Home Phone	Work Phone		
Cell Phone	E-mail		
If You Are the Renter	75-41		
Name (LAST) (FIRST) (MIDDLE INITIAL)			
Home PhoneV	Vork Phone		
American American	E-mail		
Check Box if you want electronic billing instead of paper billing (e-mail address required)			
Name of Owner:	Phone #		

Please note under the Data Protection Act, we can only discuss or change account details with people named on the account or an authorized representative.

Features Available Soon		
Electronic Billing and Payments	en de la grande de la companya de la	
<b>Landlords and Managing</b>	Agents	
Check box if you want a duplicate service	ce bill sent to your tenants	
Tell us about changes to tenant details, includin Let us know when a property becomes empty Inform us if you sell or stop managing the property		
Tenants and students		
Moving in  If you've agreed with your landlord that you're re to let us know when your tenancy starts and sub-		astewater bill, you need
Moving out Let us know you're moving out, we'll ask you fo	or a forwarding address so we can send	you a final bill.
Let us know about your m	iove	
Whether you're a new customer and need to se region, or you're moving out of our supply area		noving home within our
Change your mailing addr	ress	, t · *
Please contact us:  If you are not moving home, and just want If you would like your bills to be sent to a many		
FOR	R OFFICAL USE ONLY	
ACCOUNT NUMBER:	<del></del>	
TAX MAP NUMBER:	, ·	
DISTRICT:	· · · · · · · · · · · · · · · · · · ·	et .
METER SERIAL NUMBER:	· .	, in the second of the second
METER BINARY#:	- Allen Address	
VERIFIED METER READ:	<u> </u>	
STARTING READ		