



# ELECTION OF METERED BILLING FOR MULTI-FAMILY PROPERTIES

## PROPERTY INFORMATION/SERVICE ADDRESS:

Account Number: _____		
Service Address: _____		
Street Address	City, State and Zip	
Borough: _____	Block: _____	Lot: _____
Property Owner: _____		
No. Of Buildings: _____	No. Of Residential Units: _____	No. Of Commercial Units: _____

## CONTACT INFORMATION:

Contact: _____		
Phone No.: _____	Best Time to Call: _____	
Cell Phone No.: _____	Email Address: _____	
Mailing Address: _____		
City: _____	State: _____	Zip: _____

### DO NOT RETURN THIS FORM UNLESS YOU WISH TO BE PLACED ON METERED BILLING IMMEDIATELY

I hereby certify that I am the owner or owner's authorized agent, as confirmed in the attached letter of authorization, and request that the above-referenced property be billed on a metered basis in accordance with Part IV Section 2 of the New York City Water Board Water and Wastewater Rate Schedule. I understand that the conversion to metered billing will be effective as of the date DEP obtains a reading after my request is received and that my request may be denied if this form is incomplete (e.g., not notarized), if I fail to facilitate access to the meter, or if my meter is determined to be defective or not installed to the satisfaction of DEP. I also understand that my metered charges may increase in the future due to the installation of a new meter.

I understand that my election of metered billing is irrevocable for a period of two years. I also understand that if this request is denied, my residential usage will continue to be billed on a flat-rate basis.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary:

Please return this form to:  
 NYC Department of Environmental Protection  
 Bureau of Customer Services/Correspondence Unit  
 59-17 Junction Boulevard, 7th Floor  
 Flushing, NY 11373-5108