

**LETTER OF AUTHORIZATION REGARDING WATER AND WASTEWATER ACCOUNT**

Property Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street Address City, State and Zip

Owner's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street Address City, State and Zip

Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Name of Managing Agent or Representative: \_\_\_\_\_

Managing Agent/Representative's Address: \_\_\_\_\_  
Street Address City, State and Zip

Managing Agent/Representative's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

To: *New York City Department of Environmental Protection, Bureau of Customer Services*

This letter confirms my/our designation of the above captioned individual or firm as my/our Representative to act on my/our behalf in all matters concerning my/our New York City Water Board water/wastewater account(s).

The Representative is hereby granted the right of access to information and the right to act as my/our agent regarding our water and wastewater billings for the accounts referenced above.

All contacts by the service provider are to be with and directed to the attention of the Representative. However, this does not preclude my/our intervention. I/we understand that when releasing information to the Representative the New York City Water Board or the New York City Department of Environmental Protection has no authority to control the future use or dissemination of this information. Therefore, I/we release the New York City Water Board, the New York City Department of Environmental Protection, the City of New York and any officers, agents, or employees, thereof, from any and all liability that may arise out of the Representative's possession and the use of the information and records.

This written authorization is effective the date signed and will remain in effect for a TWO-YEAR period from the date signed below.

\_\_\_\_\_  
Owner's Name (Please Print)

\_\_\_\_\_  
Name of Person Signing (if different from Owner)

Relationship to Owner: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Sworn before me  
Notary Name (Please Print): \_\_\_\_\_  
Notary Signature: \_\_\_\_\_

Notary Public, State of New York  
No. \_\_\_\_\_  
Qualified in \_\_\_\_\_ County  
Commission Expires \_\_\_\_\_