

Department of Environmental Services 10 Felix Street Rochester, New York 14608 www.cityofrochester.gov



## **TENANT BILLING AUTHORIZATION FORM**

Please complete all fields to change account information.

Account#	Service Location:	Service Location:		
	OWNER INFO	PRMATION		
Owner's Name:		Phone	e:	
Owner's Address:				
Owner's City/State:			Zip code:	
E-mail Address:				
As owner of the property following manner.	listed above, I am requesting tha	t the City of Rochester V	Vater Bill be addressed in the	
	TENANT INFO	ORMATION		
Tenant Name: Phor		e:		
Tenant Address:				
Tenant City/State:			Zip code:	
E-mail Address:				
	PLEASE READ CAREFUL	LY AND SIGN BEL	OW	
JNDERSTAND THAT ANY DELIONS SHOP IN THAT ANY DELIONS SHOPE IN THE PROPERTY OF THE THAT THE THE THAT THE THE THAT THE THE THE THE THE THE THE THE THE TH	QUENT WATER CHARGES, DUE AS OF by against which there is a lien. This is the bill be issued to my tenant, it will Bureau will not issue a separate deli	May 15, <u>may be added</u> to is in accordance with Chapt be my responsibility to ma	the upcoming year's City-School ter 23-17 and 23-18B of the City	
refund for a credit amount will be issued only to the person with proof of overpayment: a ancelled check, a property receipted water billing statement, or a closing statement issued y an attorney. If proof of payment cannot be made, the credit amount will remain on the vater file and will reduce future billings.			Return completed form to:	
			Water Bureau	
			10 Felix Street	
Dwner's Signature			Rochester, NY 14608	
			Or Fax to <b>585-428-6353</b>	
 ate				

Phone: 585.428.7500 Fax: 585.428.6353 TTY: 585.428.6054 EEO/ADA Employer