



PLEASE FILL OUT THE WATER BILL ADDRESS CHANGE FORM BELOW AND RETURN
TO:

(FOR FAVOR DE LLENAR ESTA HOJA CON SUS DATOS Y DEVUELVALA A)

INC. VILLAGE OF HEMPSTEAD
TAX AND WATER DEPT.
99 NICHOLS CT.
P. O. BOX 32
HEMPSTEAD, NY 11550
(516) 489-3400
FAX (516) 489-1762

PLEASE PRINT CLEARLY SEC.

_____ BLK. _____ LOT (S) _____

PROPERTY ADDRESS _____

(Direccion de la propiedad) _____

OWNER OF PROPERTY _____
(Dueno de la propiedad)

WATER ACCOUNT NUMBER _____
(Numeror de cuenta)

WATER TO BE PAID BY _____
(Quien pagara el recibo de aqua)

BILLING ADDRESS _____
(Dirrecion donde se enviara el recibo de aqua)

OWNERS SIGNATURE
(Firma del dueno)

DATE _____
(Fecha)

"CHANGES WILL NOT BE MADE UNLESS FORM IS FILLED OUT IN ITS ENTIRETY (Forms
that are incomplete or missing all the required information will be returned)

NOTE THE PAYMENT OF WATER BILLS IS THE OBLIGATION OF THE PROPERTY
OWNER AND ALL INDEBTEDNESS WILL BECOME A LIEN AGAINST THE PROPERTY

