



TOWN OF SENECA FALLS

Office of Water & Sewer

130 Ovid Street, Seneca Falls, New York 13148

315-568-6211

www.senecafalls.com

BLUE CARD

REQUEST

for WATER SERVICE

REQUEST FOR WATER SERVICE

Date: _____

Property Address: _____ Apartment/Suite: _____

Owner's Name: _____
First Last

Mailing Address: _____

RENDER BILLS TO:

Name: _____
First Last

Mailing Address: _____

Contact Phone: _____ - _____ - _____ E-mail: _____

DISCLOSURE

The undersigned owner of real property does hereby apply for water service from the Town of Seneca Falls and agrees to pay for such service based upon consumption at intervals billed. The undersigned further understands that failure to pay such bill may result in the discontinuance of water service by the Town, or may result in the placement of such delinquent amounts upon the annual Town tax levy, whichever may be applicable.

The undersigned further understands that if authorization is given to bill any person or company other than the owner, that the owner still assumes ultimate responsibility for any delinquent amounts, enforcement to be provided for in the manner previously described.

Required Property Owner's Signature: _____ Date: _____/_____/_____