Water Account Change Authorization

Village of East Aurora Water Department

Please submit this form at least 2 business days prior to requested date of change.

Address:		Location:	-
Account Number:		_	
Name of OWNER sel	ling/moving out:		
Please provide	phone number:		
*Requested Date of Fi	inal Reading:		
-	Service Fees and Charges, onnection with any interim of	Č .	
Address to send final	bill:		
Name of OWNER bu	yer/moving in:		
	le phone number:		
_	_		
Please provid	e email address:		
Address to send water	bills:		
PROPERTY OWN	ER SIGNATURE:		
**Pursuant to § 263-1	I IA(5), property owners are appaid water or fees on the ac	ultimately	
FOR OFFICE USE ONLY			
METER#(ARB)#:	MXU#(SERIAL)#:	LAST READING:	
NOTES:		FINAL READING:	

Note that all payments for water usage and fees are made at the Village offices at 571 Main Street.