

South Farmingdale Water District

AUTHORIZATION TO AFFECT WATER SERVICE

Account # _____

Service Address _____

Email: _____

Telephone #: _____

School District _____ Section _____ Block _____ Lot _____

I instruct the South Farmingdale Water District to:

Disconnect

temporarily shut off

Restore

the water service at the property specified above.

Applicant affirms that they are authorized to execute this change.

Applicant affirms that the premises is vacant (re: disconnects and temp.shut offs)

Applicant affirms that there may be a fee charged for service provided.

Property Owner/Agent _____

(PRINT)

Signature _____

Date _____

Download this form and hit the submit button once completed
(Note – submit button will not work in internet browser, form must be downloaded)
If unable to download, please email to info@sflower.com or fax 516-249-9053