



**THE BOARD OF WATER SUPPLY OF THE CITY OF MOUNT VERNON, N.Y.
APPLICATION FOR SERVICE**

Please Complete, Sign & Return

P.O. Box 271, 10551

Account No. _____

Mount Vernon, N.Y. _____

Service No. _____

PRINT NAME: I _____, the undersigned, owner of the property located at

Street No _____ **Street** _____ **Block** _____ **Lot** _____

in the **CITY OF MOUNT VERNON**, County of Westchester, State of New York, hereby request you to supply the said premises with water for the following purpose: **DOMESTIC USE**. For this service I hereby agree to pay you in accordance with the Schedules of Rates which your Board may establish from time to time.

HOME PHONE _____

(Signature of OWNER)

BUS. PHONE _____

Mail Bills to:

Post Office Address:

