



**CITY OF ONEIDA**  
WATER DEPARTMENT

109 N. Main Street  
Oneida NY 13421  
Tel.: (315) 363-1490  
Fax: (315) 363-9558

**Request to Send Commercial Water Bills to  
Individuals other than the Property Owner**

Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Water Dept. Acct. Number: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Water Department is requested to send the water bills for the above property to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

I agree to notify the Water Department immediately if this request should be revoked or transferred to a new tenant.

I realize the property owner will still be ultimately responsible for any unpaid bills issued by the Water Department.

Any unpaid bills may result in termination water service, at the owner's expense, and/or re-levied on the city tax roll.

I hereby certify that I am the \_\_\_\_\_ (owner) or (agent of the owner) of the above property, and that I am authorized to make this request.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title