VILLAGE OF NEWARK VALLEY

9 PARK STREET, P.O. BOX 398 NEWARK VALLEY, NEW YORK 13811 PHONE (607) 642-8686 FAX (607) 238-3808 vofnv@stny.rr.com

RESIDENT SERVICE CHANGE/UPDATE FORM

CHANGE TO BE MA	<u>DE:</u>
NEW OWNER UPDATE:	CHANGE OF ADDRESS: CHANGE OF SERVICE:
ESTABLISH TENANT A	CCOUNT:
NAME:	ACCT. CODE:
SERVICE ADDRESS:	
MAILING ADDRESS: (If different from service address)	
TELEPHONE #:	EMAIL ADDRESS:
SOLID WASTE/REC	
	CURRENT OWNER:NEW OWNER:TENANT:
	START START DATE: SENIOR (65+)
	STOP STOP DATE:
	CONTINUE
	DECLINE
service beginning each J Penalties accrue: 10% aff acknowledge I have been electronic/appliances), and	es are currently \$89.00 (regular) & \$79.00 (senior/disabled), for quarterly fanuary, April, July, & October 1 st , & billed quarterly one-month prior. ter 30 days, & 2% monthly thereafter for nonpayment. By signing below, I informed of fees, penalties, & use of tags (additional cans, oversized items or I that I will continue to be billed until I notify the Village in writing, prior to aining unpaid will be a levy to my taxes.
DATE:	SIGNATURE:

WATER CHARGES WILL BE ASSESSED TO THIS PROPERTY