

ALBERTSON WATER DISTRICT

BOARD OF
COMMISSIONERS

P.O. BOX 335
ALBERTSON, NY 11507

RUDOLPH HENRIKSEN
SUPERINTENDENT

BRIAN HASSAN
JANELL GIORDANO
EMMANOYIL VLEPAKIS

TEL: (516) 621-3610
FAX: (516) 626-8042

CARMAN, CALLAHAN & INGHAM LLP
COUNSEL

AFFIDAVIT OF OWNERSHIP

_____ Being duly sworn, deposed and says:

PLEASE PRINT

I am the owner of the premises known as:

PLEASE PRINT

Having purchased the same from:

PLEASE PRINT

I request that the records of the Albertson Water District be changed to reflect my ownership.

Please send all future bills to:

PLEASE PRINT ADDRESS

I am aware that the rules and regulations of The Albertson Water do not permit water bills to be sent to anyone but the legal owner of the premises for which the bill is rendered. As requested above with regard to future bills, the Albertson Water District will reply upon the truth of the contents of this affidavit.

To ensure proper name of ownership, please complete, sign and return to:

Albertson Water District

Signature

Date

Please print or type name

Telephone

Email Address

Acct# _____