

FOR OFFICE ONLY

Tracking No. \_\_\_\_\_

Date Received: \_\_\_\_\_



ENPÒTAN: METE KOPI **TOUT CHÈK KI ANILE/ MANDA POSTAL/ RESI** ki montre peman ou fè yo dwe transfere oswa ranbouse.

REMÈT APLIKASYON KI RANPLI A BAY:  
Department of Environmental Protection  
Bureau of Customer Services – REFUND DEPARTMENT  
59-17 JUNCTION BLVD., 7th Floor  
FLUSHING, N.Y. 11373

FASON POU RANPLI APLIKASYON POU RANBOUSMAN  
OU DWE RANPLI APLIKASYON SA A ANN ANGLÈ

1. **Nimewo Kont:** Antre nimewo kont faktirasyon 13 chif la.
2. **Minisipalite – Blòk – Pasèl:** Antre nimewo minisipalite a, blòk la ak pasèl pwopriyete a.
3. **Adrès Sèvis:** Antre adrès lari kote pwopriyete a ye a.
4. **Non Aplikan/Pwopriyete a:** Antre non moun oswa antite ki posede pwopriyete a. Si moun k ap aplike pou ranbousman an se **PA** pwopriyete a, tanpri bay non pwopriyete a **EPI** soumèt yon lèt notarye pwopriyete a siyen.
5. **Adrès Postal:** Antre adrès postal pwopriyete a si li pa menm ak Adrès Sèvis la. Si toude adrès yo se menm, antre "SAME".
6. **Dat Acha Pwopriyete a:** Antre dat ou te achte pwopriyete a.
7. **Nimewo Telefòn Lajounen:** Antre nimewo telefòn lakay ou ak/oswa biznis ou, oswa nimewo telefòn pòtab kote yo kapab jwenn ou pandan lè nòmal biznis louvri yo (9è a.m. - 5è p.m.).
8. **Ranbousman oswa Transfè:** Endike si ou vle resevwa yon chèk ranbousman oswa fè yo transfere kredi a sou yon lòt kont pwopriyete DEP. Tanpri presize montan dola a.  
*Si se Transfè:* Endike nimewo kont 13 chif kote yo ta dwe transfere kredi a.  
*Si se Ranbousman:* Endike non ak adrès kote yo ta dwe voye chèk ranbousman an pa lapòs.
9. **Kont Depo Fidisye Ipotèk:** Tanpri koche ti kare ki apwopriye a.
10. Si se WI, bay non ak adrès bank lan oswa konpayi ipotèk la.
11. **Garanti:** Li akò a, antre non, nimewo kont lan, ak adrès sèvis la. Ekri non siyatè a ak lèt detache, epi siyen fòm lan epi mete dat sou li.

**NÒT: YO AP VERIFYE TOUT RÈS KÒB KI RETE SOU KREDI A. OU DWE METE KOPI CHÈK KI ANILE YO, MANDA POSTAL YO OSWA RESI KONFIMASYON PEMAN YO. MONTAN CHÈK YO AK/OSWA RESI YO TA DWE EGAL AK MONTAN RANBOUSMAN OU MANDE A OSWA PI PLIS PASE RANBOUSMAN OU MANDE A. SI OU PA BAY PRÈV PEMAN AN (YO), YO KA PA TRAVAY SOU RANBOUSMAN OU AN.**



NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CUSTOMER SERVICES - REFUND DEPARTMENT
REFUND & TRANSFER OF CREDIT APPLICATION

ACCOUNT INFORMATION:

- 1. Account No. (found on water bill): [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ]
2. BOROUGH: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_
3. Service Address: \_\_\_\_\_ (Include City, State, Zip Code)
4. Applicant / Owner's Name: \_\_\_\_\_ IF YOU ARE NOT THE OWNER OF THE PROPERTY, YOU MUST SUBMIT A NOTARIZED LETTER OF AUTHORIZATION FROM THE OWNER AND ATTACH IT TO THIS FORM.
5. Mailing Address: \_\_\_\_\_ (If same as Service Address, write "Same")
6. Date Property Purchased: \_\_\_\_\_
7. Daytime Phone Number: \_\_\_\_\_
8. Do you wish to receive a refund or to transfer the credit to another water and sewer account:
- REFUND [ ] Specify Amount \$ \_\_\_\_\_
- CREDIT TRANSFER [ ] Specify Amount \$ \_\_\_\_\_
IF TRANSFER, INDICATE THE ACCOUNT NUMBER THE CREDIT IS TO BE TRANSFERRED TO:
[ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ]

NOTE: NEW CHARGES BILLED TO THE ACCOUNT WILL BE DEDUCTED FROM ANY CREDIT BALANCE

IF REFUND: MAIL REFUND CHECK TO:

- NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
9. Were your payments made through a mortgage escrow account? Yes [ ] No [ ]
10. If yes, provide the name of the bank or mortgage company and their address:
Name: \_\_\_\_\_
Address: \_\_\_\_\_

11. GUARANTEE

PAYEE AGREES TO HOLD THE CITY HARMLESS AND GUARANTEES THAT IN THE EVENT THAT ANY OTHER PARTY SUCCESSFULLY PROVES THAT THIS CREDIT WAS DUE TO THAT PARTY, PAYEE WILL INDEMNIFY THE WATER BOARD FOR ANY ADDITIONAL FUNDS THAT ARE REQUIRED TO BE DISBURSED.
I, \_\_\_\_\_, (applicant name), have overpaid water/sewer charges and am entitled to the refund and/or credit from the N.Y.C. Water Board for Account # \_\_\_\_\_ located at: \_\_\_\_\_ (Service Address)
Print Name: \_\_\_\_\_ (PLEASE PRINT FULL NAME HERE)
Sign Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_ (Month/Day/Year)

\*NO REFUNDS WILL BE ISSUED WITHOUT AN ORIGINAL SIGNATURE

FOR OFFICE USE ONLY:
Application Processed by: \_\_\_\_\_ Date: \_\_\_\_\_
Application Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_