

FOR OFFICE ONLY

Tracking No. _____

Date Received: _____



重要提示：请随附显示需要转存或退款之已付款项的**所有付讫支票/汇票/收据**的副本。

请将填妥的申请表返回至：

Department of Environmental Protection
Bureau of Customer Services – REFUND DEPARTMENT
59-17 JUNCTION BLVD., 7th Floor
FLUSHING, N.Y.11373

退款申请表填写说明

本申请表必须以英文填写

1. **账号 (Account Number)**: 输入 13 位计费账号。
2. **区 (Borough) – 街区 (Block) – 地块 (Lot)**: 输入该房产的区、街区和地块编号。
3. **服务地址 (Service Address)**: 输入该房产的街道地址。
4. **申请人/业主姓名 (Applicant / Owner's Name)**: 输入拥有该房产的个人或实体的姓名/名称。如果申请退款的申请人**不是**业主，请注明业主的姓名**并**提交一份由业主签署的公证函。
5. **邮寄地址 (Mailing Address)**: 如果该房产的邮寄地址与服务地址不同，则输入该房产的邮寄地址。如果两个地址相同，请输入“同上”。
6. **该房产的购买日期 (Date Property Purchased)**: 输入购买该房产的日期。
7. **日间电话号码 (Daytime Phone Number)**: 输入您的家庭和/或在正常办公时间（上午 9:00 – 下午 5:00）可以联系到您的办公电话号码或手机号码。
8. **退款或转存 (Refund or Transfer)**: 注明您希望收到退款支票还是将抵免额转存到其他 DEP 房产账户上。请说明美元金额。
如果转存: 注明应将抵免额转移到哪个账户（13 位账号）。
如果退款: 注明应将退款支票邮寄至何处（名称和地址）。
9. **抵押贷款托管账户 (Mortgage Escrow Account)**: 请勾选适当的方框。
10. 如果“是”，说明银行或抵押贷款公司的名称和地址。
11. **保证书 (Guarantee)**: 阅读协议，输入姓名、账号和服务地址。在表格上用正楷书写签字人的姓名，然后签字并注明日期。

注意：所有抵免额余额须经过验证。您必须随附付讫支票、汇票或付款确认收据的副本。支票和/或收据的金额应等于或大于您申请的退款金额。如果您没有提供付款证明，我们可能不会处理您的退款申请。



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: _____