



# Village of Malone

## Water/Sewer Department

343 West Main Street, Malone, New York 12953

Ph: 518-483-4570

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www.villageofmalone-ny.com

### Water/Sewer Utility Account Form

Account Change [ ] Water On/Off [ ] (check one)

Date: \_\_\_\_\_ Utility Account ID: \_\_\_\_\_ Tax Map ID#: \_\_\_\_\_

Property Location: \_\_\_\_\_ Requestors Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### New Owner Information:

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

Address: \_\_\_\_\_  
(If different than property location)

Usage: (check one) Single residence [ ] Commercial [ ] Multi-family [ ] Apartments [ ]

Date of Property Transfer \_\_\_\_\_ Proof of transfer provided [ ]

How would you like to receive your bill? (check one) E-bill [ ] Mail [ ]

Desired WATER TURN ON Date: \_\_\_\_\_ Desired WATER TURN OFF Date: \_\_\_\_\_

Anticipated Time Period for water to be OFF: \_\_\_\_\_

Reason for  
Request: \_\_\_\_\_

Requestor's  
Signature: \_\_\_\_\_

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#### Office Use Only

Date received: \_\_\_\_\_ Date entered in Edmunds: \_\_\_\_\_ Form taken by: \_\_\_\_\_

Date account made ACTIVE or INACTIVE: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Employee who turned water ON: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ How Notified: \_\_\_\_\_

Employee who turned water OFF: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ How Notified: \_\_\_\_\_