Passaic Valley Water Commission

Last Revised: 7/31/2020

Application must be mailed to or dropped off at:
1525 Main Avenue, Clifton, New Jersey 07011
Attn: Krystle Morales; 973-340-4339
Electronic application submissions will not be processed.

Application for Additional Meters

Location Information:			
Property Address:	City:		Zip:
Billing Information:			
Name:		Phone:	
Address:	City:	State:	Zip:
Owner Information:			
Name:		Phone:	
Address:	City:	State:	Zip:
Size of Meter Requested:	Number of Meters Request	ed:	
As Determined by Owner or Owner Representativ	e in accordance with State and	Local Plumbing	Fire Insurance Laws
Building Type:			
☐ Residential 1 Family ☐ Residential Multi-	family Commercial	☐ Mixed Use	\square Industrial
Building Use:			_(Type of Business)
Prior to submitting the Application for Additional prepared for the meter install in a <u>horizontal post</u> under the Engineering tab.			
Has the building plumbing already been prepared	d for the meter install? \Box ye	es 🗆 no	
By requesting service, the applicant agrees to the	e terms, policies, and standar	rds of the PVWC	C.
Full payment is required to be attached to this apyour installation. Meter install includes meter and taccount shall be billed.			
Please refer to PVWC's Field Service Rate Sheet for	information on required fees.	(www.pvwc.com	– Customer Service tab)
Amount Enclosed \$			
Print Name:			
Authorized Signature:		D	ate: