

Passaic Valley Water Commission

Last Revised:
6/11/2025

Applications must be mailed to or dropped off at:
Passaic Valley Water Commission
1525 Main Avenue, Clifton, NJ 07011
Attn: Customer Service; 973-340-4300, Option #2
Electronic application submissions will not be processed.

RENEWAL WATER SERVICE APPLICATION (3/4" TO 2" - CURB TO BUILDING ONLY)

This application is for the replacement or repair of existing service lines (ie: leak repair). Submit a separate application for each service to be renewed.

I hereby request a renewal water service installation at:

Service Address: _____ City: _____ Zip: _____

Billing Information:

Name: _____ Email Address: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Owner Information:

Name: _____ Email Address: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

☐ Residential 1 Family ☐ Residential 2-4 family ☐ Multi-Residential/Commercial* ☐ Commercial* ☐ Industrial*

Size of Service: ☐ 3/4" ☐ 1" ☐ 1-1/2" ☐ 2"
Size of Meter: _____ Building Use: _____
(Type of Business)

* All commercial, mixed use, industrial and residential developments containing fire service are required to install an approved backflow device directly after the meter as per PVWC cross-connection and backflow control policies and procedures.

Type of backflow device: ☐ Testable Double Check Valve (DCV) ☐ Reduced Pressure Zone Backflow Device (RPZ)
(RPZ for all non-residential, mixed-use development and construction services. DCV for residential development.)

I authorize Passaic Valley Water Commission (PVWC) to renew the service and charge my account the amount corresponding with the service sizes than I have selected above.

Please refer to PVWC's Field Service Rate Sheet for information on required fees.

By requesting service, the applicant agrees to the terms, policies, and standards of the PVWC.

Full payment is required to be attached to this application in the form of a check or money order in order to schedule your installation.

Amount Enclosed \$ _____

Print Name: _____

Authorized Signature: _____ Date: _____