Passaic Valley Water Commission

1525 Main Avenue
Clifton, New Jersey 07011
973-340-4300

Applications must be mailed to or dropped off at:
1525 Main Avenue
Clifton, NJ 07011
Attn: Krystle Morales
973-340-4339

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

*All commercial, multi-residential / commercial and industrial water services are required to install an approved backflow device directly after the meter as per PVWC cross-connection and backflow control policies and procedures. This device shall be a testable double check valve or a reduced pressure zone backflow device. The determination as to which device shall be installed shall be made by the PVWC Engineering Department, from the information provided by the applicant about the building occupancy use.

Type of backflow device: ☐ Testable Double Check Valve ☐ Reduced Pressure Zone Backflow Device
(to be determined by the Passaic Valley Water Commission)

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:_____