

# BOARD OF WATER COMMISSIONERS

GLOVERSVILLE WATER WORKS

P.O. BOX 1100

GLOVERSVILLE, NEW YORK 12078

(518) 773-4520

FAX (518) 725-0668

## ACCOUNT BALANCE REQUEST

\_\_\_\_\_  
Date

Service address: \_\_\_\_\_

I would like to request the balance due on the above property. I realize that if the meter has not been removed from the property that this amount may incur additional water use charges and/or a minimum charge. Also, any outstanding balances will incur a monthly penalty until the bill is paid in full.

I have been advised to contact this office prior to purchase date for an up-to-date account balance.

\_\_\_\_\_  
Name

\$ \_\_\_\_\_  
Amount due

\_\_\_\_\_  
Gloversville Water Department