

MANHASSET-LAKEVILLE WATER DISTRICT

BOARD OF WATER COMMISSIONERS

BRIAN J. MORRIS
CHAIRMAN

MARK S. SAUVIGNE
TREASURER

STEVEN L. FLYNN
SECRETARY



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PAUL J. SCHRADER, P.E.
SUPERINTENDENT

HILARY GROSSMAN, CPA
BUSINESS MANAGER

Dear Resident,

Your water bill account should have the property owner's name, phone number and/or email. Please fill out the form and provide proof of ownership ie mortgage statement, property tax bill or property deed.

You can return this form and supporting documentation via USPS, drop off to the office or email this form to jean@mlwaterd.org

FIRST NAME: _____ LAST NAME: _____

PROPERTY ADDRESS: _____

TOWN: _____, STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different): _____

TOWN: _____, STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

ELECTRONIC BILLS: YES _____ NO _____ MAIL PAPER BILLS: YES _____ NO _____

Sign up for your online account to see usage, pay your bill, set up auto pay etc!

VISIT OUR PORTAL TO REGISTER WWW.MLWD.NET