

**Please fill out and  
return to us so we can  
update our files.**

**Kauneonga Lake Sewer District  
P.O. Box 340  
Kauneonga Lake, NY 12749  
Phone (845) 583-4350 ext. 17  
Fax (845) 583-0225**

**Account Update**

Section-Block-Lot#: \_\_\_\_\_  
(The number above the name on your bill)

Name of Owner: \_\_\_\_\_

Contact Name: (If different) \_\_\_\_\_

Location Address: \_\_\_\_\_  
(Please include 911 Address)

Mail Bill To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_  
(In case of emergency)

Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Thank you for your cooperation.

**For Office Use Only**  
Update File: \_\_\_\_\_  
New Owner: \_\_\_\_\_