

**RESIDENTIAL DIX HILLS WATER DISTRICT CUSTOMER**  
**COVID-19 STATE OF EMERGENCY**  
**CHANGE IN FINANCIAL CIRCUMSTANCES SELF-CERTIFICATION FORM**

Account Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Service Location: \_\_\_\_\_

Billing Address\*: \_\_\_\_\_

\*If different from service location

Home Phone : \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

By my signature below, I attest that due to the COVID-19 state of emergency, which began on or after March 7, 2020, I have experienced a change in financial circumstances, relating to the period March 7, 2020 through June 23, 2021.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Person Signing

Instructions

This form may be emailed, faxed or mailed to the Dix Hills Water District:

Email: DHWD@huntingtonny.gov

Fax: 631 - 421 - 2222

Mail: Dix Hills Water District, 683 Caledonia Road, Dix Hills, NY 11746

If you have questions you may call: 631-421-1812