

**PASSAIC VALLEY WATER COMMISSION  
1525 MAIN AVENUE, CLIFTON, NJ 07011  
1-844-789-2532 (1-844-PVWCLEAD)  
LEAD SERVICE REPLACEMENT/RIGHT OF ENTRY FORM**

Service Address: \_\_\_\_\_ City: \_\_\_\_\_

**OPTION #1 - I WANT TO HAVE MY WATER SERVICE LINE INSPECTED FOR LEAD AND I WISH TO HAVE IT REPLACED IF LEAD IS FOUND**

I, the undersigned, agree to allow Passaic Valley Water Commission (PVWC) perform a preliminary inspection and if needed replace the portion of lead service line which I own and recognize there may be some temporary increases in lead in the drinking water related to this replacement process. I understand that replacing the lead service line is not reasonably expected to have any material impact on other sources of lead that may exist in my home such as lead in solder, internal plumbing, faucets, and fixtures. I understand that during the replacement process, the land above this line will be excavated, and there may be disturbances to external landscaping, driveways, walks, etc. as well as interior features such as walls and floors. PVWC and its Contractors, agree to repair any damage caused by the lead line replacement work to its previous condition. I will make myself available for communications with PVWC and its contractors to facilitate the replacement work.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OPTION #2 - I WANT TO HAVE MY WATER SERVICE LINE INSPECTED FOR LEAD. IF LEAD IS FOUND, I CHOOSE NOT TO DECIDE AT THIS TIME ON THE REPLACEMENT OF MY SERVICE LINE**

I, the undersigned, agree to allow Passaic Valley Water Commission to perform a preliminary inspection of my water service line. If lead is found, I choose not to decide at this time whether or not I would like Passaic Valley Water Commission to replace the portion of lead service line which I own. I have received the lead education material provided by PVWC. I understand that if I request to have my lead service replaced in the future, I may have to pay the total cost for the work. I also understand that by refusing this Offer of Service, I am holding PVWC harmless from any claims or liability resulting in negative consequences that may arise from refusing this service.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date