



RESIDENTIAL CUSTOMER BILLING AUTHORIZATION FORM

All information must be legible and in accordance with The Department of Public Utility Control regulations for The Connecticut Water Company (Connecticut Water) to process this billing authorization form. Connecticut Water reserves the right to bill the property owners for water service in the absence of complete and accurate information based on the Tax Assessor's records..

THE FOLLOWING INFORMATION SHOULD BE SUPPLIED BY THE OWNER:

- 1. Rental Property Address: Town
2. Owner Name: Telephone
3. Owner Mailing Address: Street City/State/Zip
4. Lease or Effective Dates for Billing:

If you have indicated that the property is tenant occupied and the tenant is responsible for cold water, the following information must be completed for us to bill your tenant directly for water service as of the effective date noted above.

5. Tenant's Name/Social Security#, Passport # or Driver's License # and State

Form for tenant information including fields for First, Middle, Last, SS # or Passport #, and Driver's Lic # & State.

Service Address

Please list additional tenants on reverse side; check box if information is included on back of this form

6. Tenant's Mailing Address and Phone Numbers:

Form for tenant mailing address and phone numbers including fields for No., Street, Unit #, City/State/Zip, Day Phone, Evening Phone, and Cell Phone.

ALL TENANTS ARE REQUIRED TO SIGN THE FOLLOWING STATEMENT:

I, as Tenant(s), understand that I am responsible for payment to Connecticut Water Company for all water charges billed as of the effective date. I am aware that I am to notify Connecticut Water (1-800-286-5700) when I am no longer responsible for water service at the property and advise them to close the account to cease further charges. I understand that if I do not notify Connecticut Water to close the account, I will continue to be billed and will be responsible for full payment, including collections charges if applicable.

Signature line for Tenant's Signature, Name Printed, and Date.

Signature line for Tenant's Signature, Name Printed, and Date.

Landlord's Signature (Company/Corporation Representative):

Signature line for Landlord's Signature, Name Printed, and Date.

FAX COMPLETED FORM TO: 1-860-664-8081 or mail to 93 West Main Street, Clinton, CT 06413-1600

Section 16-3-100, CT State Regulations, Notice of Termination serves as notice that service may be terminated if identification is not provided in 15 days.