

RESIDENTIAL CUSTOMER BILLING AUTHORIZATION FORM

All information must be legible and in accordance with the Public Utility Regulatory Authority regulations for The Connecticut Water Company to process this billing authorization form. Connecticut Water Company 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. Any questions, call 1-800-286-5700.

Sectio 1.	on 1 - THE FOLLOW Rental Property		ON SHOULD BE PROVIDED BY	Y THE OWNER: Town	
2.					
3.					
4.					
		ū		nt is responsible for cold water, the following information m	ust be
			ly for water service as of the e		35
servic		ies will revert bac		notifies Connecticut Water Company that they are no longer vill be responsible to notify Connecticut Water Company if se	
Landlo	rd's Signature (Comp	pany/Corporation Re	presentative)	Name Printed D	Date
5.	Tenant's Name	/Social Security# (.	Y THE TENANT(S): cense# (last four digits) and State is notice that service may be terminated if identification is not prov	rided in 15 days.
				SS# LIC#	State:
	First	Middle	Last	(last 4 digits) (last 4 digits)	
	 First	Middle	Last	SS# LIC# (last 4 digits) (last 4 digits)	State:
6.	Tenant's Mailing Address and Phone Numbers:				
	No.	Street	Unit #	City/State/Zip	
	Day Phone		Cell Phone	Email	
THE A l, as To that yo throug prope	PPROPRIATE DEP enant(s), understa our consumption i gh sewer billing. I orty and advise the	OSIT INDICATED I nd that I am respo nformation may b am aware that I a m to close the acc	BELOW: consible for payment to Connector consible for payment to Connector consided to the town for se connecticut Water count to cease further charges	cticut Water Company for all water charges billed as of the ever billing purposes. This consumption information may be company (1-800-286-5700) when I am no longer responsible. I understand that if I do not notify Connecticut Water Company, including collections charges if applicable.	effective date. Please note disclosed to your Landlord ble for water service at the
-	Ter	nant's Signature		Name Printed [Date

 $\textbf{Email form to: customers ervice@ctwater.com or Mail to: 93 West Main St, Clinton, CT 06413-1600 \\ \textit{Rev} \ 101322 \\ \textbf{Perviolation to: CT 06413-1600} \\ \textbf{Rev} \ 101322 \\ \textbf{Perviolation to: CT 06413-1600} \\ \textbf{Rev} \ 101322 \\ \textbf{Perviolation to: CT 06413-1600} \\ \textbf{Rev} \ 101322 \\ \textbf{Perviolation to: CT 06413-1600} \\ \textbf{Rev} \ 101322 \\ \textbf{Perviolation to: CT 06413-1600} \\ \textbf{Rev} \ 101322 \\$

Tenant's Signature

Name Printed

Date