



COMMERCIAL 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 these services as of the effective date noted above.

5. Tenant's business Name and Federal Tax ID #/ (last four digits) Principal's name and SS# (last four digits) or Driver's License # (last four digits) and State

_____ XX-XXX _____
 Business Name Federal Tax ID # (last four digits)

Principal's Information:

_____ XXX-XX- _____ or XXXXXX _____ State: _____
 First Middle Last SS # (last 4 digits) Driver's Lic # (last 4 digits) & 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:

_____ _____ _____
 No. Street Unit # City/State/Zip

Day Phone _____ Evening Phone _____ 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 collection charges if applicable.

_____ _____ _____
 Tenant's Signature Name Printed, Title Date

Landlord's Signature (Company/Corporation Representative):

_____ _____ _____
 Landlord's Signature Name Printed Date

FAX COMPLETED FORM TO: 1-860-664-8081

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.