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.

Section 1 - THE FOLLOWING INFORMATION SHOULD BE PROVIDED BY THE OWNER:

1. **Rental Property Address:** _____ Town _____
2. Owner Name: _____ Telephone _____
3. Owner Mailing Address: _____
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.

LANDLORD/OWNER SIGNATURES – I am aware that when the tenant notifies Connecticut Water Company that they are no longer responsible for the water service, the responsibilities will revert back to the owner. The Owner will be responsible to notify Connecticut Water Company if service is no longer required and the service will be terminated.

_____	_____	_____
Landlord's Signature (Company/Corporation Representative)	Name Printed	Date

Section 2 - THE FOLLOWING INFORMATION SHOULD BE PROVIDED BY THE TENANT(S):

5. **Tenant's Name/Social Security# (last four digits) or Driver's License# (last four digits) and State**
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.

_____
First Middle Last

_____
First Middle Last

SS# __ __ __ __ (last 4 digits)	LIC# __ __ __ __ (last 4 digits)	State: _____
SS# __ __ __ __ (last 4 digits)	LIC# __ __ __ __ (last 4 digits)	State: _____

6. **Tenant's Mailing Address and Phone Numbers:**

_____
No. Street Unit # City/State/Zip

Day Phone _____ Cell Phone _____ Email_____

ALL TENANTS ARE REQUIRED TO SIGN THE FOLLOWING STATEMENT AND RETURN THIS COMPLETED FORM TO CONNECTICUT WATER COMPANY WITH THE APPROPRIATE DEPOSIT INDICATED BELOW:

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. Please note that your consumption information may be provided to the town for sewer billing purposes. This consumption information may be disclosed to your Landlord through sewer billing. I am aware that I am to notify Connecticut Water Company (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 Company to close the account, I will continue to be billed and will be responsible for full payment, including collections charges if applicable.**

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

Email form to customerservice@ctwater.com or Mail to 93 West Main St, Clinton, CT 06413-1600 Rev 021126