



CUSTOMER BILLING AUTHORIZATION FORM

All information must be legible and in accordance with The Department of Public Utility Control regulations for The Hazardville Water Company (Hazardville Water) to process this billing authorization form. Hazardville 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:

Property Address: \_\_\_\_\_ Town \_\_\_\_\_
Owner Name: \_\_\_\_\_ Telephone \_\_\_\_\_
Owner Mailing Address: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Signature (Company/Corporation Representative):

Signature Name Printed Date

Effective Date for Billing: \_\_\_\_\_

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

Tenant's Name/Date of Birth and Driver's License # and State

First Middle Last Date of Birth Driver's Lic # & State
and
First Middle Last Date of Birth Driver's Lic # & State

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

Tenant's Mailing Address and Phone Numbers:

No. Street Unit # City/State/Zip
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Email: \_\_\_\_\_

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

I, as a customer(s), understand that I am responsible for payment to Hazardville Water Company for all water charges billed as of the effective date. I am aware that I am to notify Hazardville Water (860-749-0779) 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 Hazardville Water to close the account, I will continue to be billed and will be responsible for full payment, including collections charges if applicable.

FAX COMPLETED FORM TO: 860-749-5381 or MAIL TO: PO Box 1248, Enfield, CT 06083

EMAIL TO: customerservice@hazardvillewater.com.

COMPLETED FORM MUST BE ACCOMPANIED BY A COPY OF DRIVER'S LICENSE. IF TENANT OCCUPIED, A COPY OF THE LEASE MUST ALSO BE PROVIDED.

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

FOR OFFICE USE ONLY
Cycle Number \_\_\_\_\_ Lease Provided [ ]
Book Number \_\_\_\_\_ Deposit Paid [ ]
Account Number \_\_\_\_\_