

Southington, CT

Acct. #

Date _____ 200_____

I hereby request that the Sewer Department send bills for sewer usage for the property address shown below to the current tenant at that address.

This form must be signed by both the tenant and the owner and returned to this office before any billing changes can be made.

Property Address

Owner's Name (Please Print)

Owner's Phone Number

Bill To: _____
Tenant's Name (Please Print)

Tenant's Phone Number

x _____
Property Owner's Signature

x _____
Tenant's Signature

For Sewer Dept. Records (Owner please complete):

Owner's mailing address: _____

NOTE: Department Rules and Regulations provide that "At its discretion, the Department may, upon written request of the property owner, render sewer bills to tenants. In all cases, however, the property owner shall be held liable for payment of sewer service to such premises, and shall be held responsible for all violations of rules by tenants."

Please return to: Southington Sewer Department
P.O. Box 364
Southington, CT 06489
or
Fax to: (860) 628-8669