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605 West Queen Street
P.O. Box 111
Southington, CT. 06489-0111
(860) 628-5593 - Fax (860) 621-0491

Southington Water Department Tenant Agreement Form

Service/Account # _____ Route # _____

Property Address _____

Effective Date _____

I hereby request that the Southington Water Department send bills for water usage for the property address shown above 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.

Tenant's Name (Please Print)

Tenant's Phone Number

Billing Address

For Water Department Records (Owners Please Complete):

Owner's Name/Mailing Address: _____
(Please Print)

Owner's Phone Number: _____

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

Property Owner's Signature

Tenant's Signature

Please Return To:

Southington Water Department
P.O. Box 111
Southington, CT. 06489