

CITY OF NORWICH
WATER DEPARTMENT, ONE CITY PLAZA
NORWICH, NEW YORK 13815
607-334-1250
NEW TENANT
AUTHORIZATION FORM

ACCOUNT # _____

EFFECTIVE DATE _____

As the owner of the property located at:

_____,
I hereby request and authorize that the billing address be changed and
future water bills be sent to the tenant(s)/property owner(s) specified below:

The correct billing name will be as follows:

The correct billing address will be as follows:

I fully understand that this arrangement is solely a convenience extended to
me and in no way changes the fact that I continue to be responsible for all
such bills for this property. Failure of a tenant or any other person(s) to pay
such bills does not in any way affect my obligation as owner of the above
property for full payment.

Owner's name & mailing address

OWNER'S PHONE #

PROPERTY OWNER'S SIGNATURE _____

PLEASE RETURN THIS FORM TO THE ADDRESS ABOVE.