



APPLICATION FOR TRANSFER OF WATER SERVICE

DATE: _____

NAME OF NEW ACCOUNT HOLDER: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF USE

_____ RESIDENTIAL

_____ NON-RESIDENTIAL OR MULTI-FAMILY UNIT

_____ YEAR-ROUND OCCUPANCY

_____ SEASONAL OCCUPANCY

_____ SUMMER SEASON ONLY - Do you plan to close & winterize your home each year? Y / N

_____ WINTER SEASON ONLY

PREVIOUS ACCOUNT INFORMATION

PROPERTY ADDRESS: _____

NAME OF CURRENT OR PREVIOUS ACCOUNT HOLDER: _____

ANTICIPATED DATE OF PROPERTY TRANSFER: _____

NAME OF YOUR PLUMBER (if known): _____

PLUMBER PHONE & EMAIL: _____

NAME OF YOUR PROPERTY MANAGER (if applicable): _____

PROPERTY MANAGER PHONE & EMAIL: _____

FOR WATER DEPARTMENT USE ONLY:

_____ ACCOUNT NUMBER _____

_____ FINAL READ REQUESTED _____

_____ PROPERTY TRANSFER COMPLETED _____

NOTES: _____
