

**MANCHESTER WATER & SEWER DEPARTMENT
OWNER/TENANT BILLING AUTHORIZATION FORM**

I, _____, authorize the Town of Manchester
(Owner's Name)

Water & Sewer Department to bill my tenant _____
(Tenant's Name)

for water and/or sewer services at:

Service Address: _____

Account Number: _____

Class Number: _____

As of _____

As a convenience, the Department will mail the bill in the name of the Owner and Tenant to the service address. The Owner will continue to receive notices on a Third Party Notification basis and will receive a copy of any delinquent notices. In accordance with the Connecticut General Statutes §7-239, this authorization does not relieve the Owner of responsibility for payment of any bill or any action resulting from the non-payment of any bill. This Authorization automatically terminates upon the Tenant vacating the premises. It is the Owner's responsibility to notify this Department and to execute a new authorization with the new Tenant.

Tenant's Signature

Tenant's Telephone Number

Owner's Signature

Owner's Telephone Number

Owner's Mailing Address

City, State, Zip

Date

Fax:	860-647-3150
OR	
Mail to:	Water & Sewer Department Town of Manchester 125 Spring Street P.O. Box 191 Manchester, CT 06045-0191