



Boston Water and Sewer Commission
 980 Harrison Avenue
 Boston, MA 02119-2540

Landlord # (If Applicable) _____

On: _____ Off: _____

CHANGE IN OWNERSHIP/BILLING NAME/ADDRESS

Please complete this form within 15 days of the real estate closing, Failure to comply may effect water service at the address listed below.

SERVICE ADDRESS

Ward _____ Account Number _____

Print Owner's Name _____

Service Address _____

Extended Address (If Applicable) _____

MAILING ADDRESS

Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

I am the Owner/Trustee of said address and agree to be responsible for the payment, by meter rates, for the supplying of water, sewer service and other services or materials in the connection therewith. I further agree to conform to all laws, rules, regulations and ordinances now and hereafter made.

Owner's Signature _____ Date _____

FOR OFFICE USE ONLY

Check source of information:

- Sale
- Assessing
- Customer in Office
- Mail Request
- Phone Request
- Special Read
- General SVC App.
- Other

Employee Signature _____ Date _____

Comments _____