

TOWN OF MONTREAT

WATER SERVICE TRANSFER – TO RENTAL PROPERTY OWNER

Date of Application: _____ Date Service to Return to
Owner/Rental Agent: _____

Name: _____

Spouse's Name: _____

Employer: _____

Service Address: _____

Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

Driver's License #: _____ Social Security #: _____

Rental Agent: _____

Rental Agent Mailing Address: _____

Rental Agent Phone: _____

Service Fee Paid? Yes No Amount: \$25.00 Date: _____

I hereby certify that the above is a true statement.

Customer Signature

Printed Name

FOR OFFICE USE ONLY

Date: _____

Route #: _____

Renter Account #: _____

Meter Number #: _____

Sequence #: _____

Owner Account: _____

Meter Reading: _____

Input ICS: _____

Input Newsletter: _____