

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

ACCOUNT _____ EFFECTIVE DATE _____
CONGRATULATIONS ON YOUR NEW PROPERTY PURCHASE

I FULLY UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL ACCOUNT BALANCES
AT THE TIME OF THIS TRANSACTION

I/We will be taking the deed on property located at:

The correct billing name will be as follows:

The correct billing address will be as follows:

If a problem with this account develops, please contact:

Contact
Person _____

Phone Number

OWNERS SIGNATURE:

PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS.

DATE _____