



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

Landlord # (If Applicable) \_\_\_\_\_

On: \_\_\_\_\_ Off: \_\_\_\_\_

**CHANGE IN OWNERSHIP/BILLING NAME**

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 \_\_\_\_\_