

I authorize Chesterfield Township Water Dept. to make the following changes to the service address below for Water and Sewer Billing.

*****HOME OWNER – PLEASE FILL OUT THIS SECTION ONLY*****

Closing Date: _____ Phone # _____

Homeowner Name: _____ (please print)

Homeowner Signature: _____

Service Address: _____

Mailing Address: (if different from service address) _____

Homeowner – if this is a rental unit, who should receive the bill:

Homeowner: _____ Renter: _____

Homeowner - check below if you would like to receive a duplicate of:

Copy of Bill: _____ Copy of Delinquent Notice: _____

*****RENTER – PLEASE FILL OUT THIS SECTION ONLY*****

Effective Date: _____ Phone # _____

Renter's Name: _____ (please print)

Renter's Signature: _____

Service Address: _____

Mailing Address: (if different from service address) _____
