

COMMERCIAL CUSTOMER BILLING AUTHORIZATION FORM

All information must be legible and in accordance with the Public Utility Regulatory Authority regulations for The Maine Water Company to process this billing authorization form. Maine Water Company reserves the right to bill the property owners for water service in the absence of complete and accurate information based on the Tax Assessor's records. Any questions, call 1-800-287-1643.

5ecτ ιο 1.	on 1 - THE FOLLOWING INFORMA Rental Property Address:			Town			
2.	Owner Name:		Telephone				
3.	Owner Mailing Address:						
4.	Lease or Effective Dates for Billi	ng:					
ompl	have indicated that the property leted for us to bill your tenant dire LORD/OWNER SIGNATURES – I a	ectly for water service as of	the effective date noted al	oove.		asible for the water	
ervic	e, the responsibilities will revert b ervice will be terminated.						
andlo	rd's Signature (Company/Corporation	Representative)	Name Pri	nted	Date		
Section 5.	on 2 - THE FOLLOWING INFORMA Tenant's Business Name with F four digits) and State.			and Social Security# (Ia	ast four digits) or Drive	er's License#(last	
	Section 10(B), ME State Regulation	s, Notice of Termination serve	es as notice that service may b	e terminated if identificati	on is not provided in 14 (days.	
	Business Name			Federal ID#(last 4 digits)			
	 Principal's Name: First	Middle	Last	SS#(last 4 digits)	LIC#(last 4 digits)	State:	
6.	Tenant's Mailing Address and Phone Numbers:						
	No. Street	Un	it#	City/State/	/Zip	_	
	Day Phone	Cell Phone	Email				
, as Te our c hrou idvise	enant(s), understand that I am resonsumption information may be gh sewer billing. I am aware that a them to close the account to ceasill be responsible for full paymer	ponsible for payment to M provided to the town for so am to notify Maine Wate se further charges. I unde	laine Water Company for a ewer billing purposes. This o r (1-800-286-1643) when I a rstand that if I do not notif	II water charges billed a consumption information Im no longer responsibl	s of the effective date on may be disclosed to e for waterservice at t	. Please note that your Landlord :he property and	
_	Tenant's Signature		Na me Prir	Name Printed, Title		Date	
	on 3 – Maine Water Company Pu	poses - Security Deposit R		,			

If Security Deposit required: Mail this Form and check to 93 Industrial Park Rd Saco, Maine 04072
Security Deposit will be returned within 30 days once full payment of Final Bill is received
If Security Deposit is not required: Fax Form to 207-282-1544 or Mail to 93 Industrial Park Rd Saco, Maine 04072