



# West Boylston Water District

183 Worcester Street  
West Boylston, Massachusetts 01583  
Telephone 508-835-3025  
Fax 508-835-3364  
www.westboylstonwater.org

**NEW TENANT SERVICE REQUEST**

DATE OF REQUEST \_\_\_\_\_

**TO BE FILLED OUT BY THE BUILDING OWNER**

LOCATION \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_

REQUESTED DATE OF CHANGEOVER: \_\_\_\_\_ CONTACT # \_\_\_\_\_

OWNER/AUTHORIZED REP SIGNATURE : \_\_\_\_\_

**TO BE FILLED OUT BY THE TENANT**

NEW TENANT NAME(S) \_\_\_\_\_

RESPONSIBLE FOR BILLING? (Circle)    Y    N

MAILING ADDRESS (if different) \_\_\_\_\_

\_\_\_\_\_

PHONE #(S) \_\_\_\_\_

CELL# (S) \_\_\_\_\_

E-MAIL (PRIMARY) \_\_\_\_\_ E-MAIL (SECONDARY) \_\_\_\_\_

By signing below, I agree that I am responsible for payment of any and all fees and charges generated for water service, and to comply with all regulations set forth by the West Boylston Water District Commission pertaining to such services for the above property. I also agree that I shall continue to be liable for said charges until the West Boylston Water District is notified with a written notice from me to discontinue such services.

Signature of Tenant

Print

FOR WBWD USE ONLY

Date of Final: \_\_\_\_\_

Date of Payoff: \_\_\_\_\_

Copy of Lease: Y / N

Sent to Sewer? Y / N

Account # \_\_\_\_\_

Set Up Date: \_\_\_\_\_