

THE TORRINGTON WATER COMPANY
P.O. BOX 867
TORRINGTON, CT 06790

AUTHORIZATION TO DISCUSS ACCOUNT FORM

Please complete this form and return to us at the address or fax number listed below. Upon receipt we will honor your request to discuss your account with the authorized party.

Third Party Information (Please print)

Name of Authorized Party _____

Address _____

City _____ State _____ Zip _____

Phone _____

Third Party Signature _____

Customer Information (Please print)

Customer Name _____

Address _____

City _____ State _____ Zip _____

Account number from your bill _____

Phone _____

I authorize The Torrington Water Company to discuss my account with the person listed above:

Customer Signature _____ Date _____

NOTE: Mailing Address: The Torrington Water Company FAX: (860) 496-7889
PO Box 867, Torrington, CT 06790