



# Torrington Water Company

P.O. BOX 867 - TORRINGTON, CONNECTICUT 06790 - (860) 489-4149

Please fax completed form to: (860) 496-7889  
or email to: [CUSTSERV@TORRINGTONWATER.COM](mailto:CUSTSERV@TORRINGTONWATER.COM)  
or mail to: The Torrington Water Company  
P.O. Box 867, Torrington, CT 06790

*(In the event that you do not move into the property or the date is changed, please notify TWC immediately in order to avoid billing errors.)*

## Application for Water Utility Services Residential Tenant

Date service is requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Period of Lease (min. 6 months) month ( ) 12 month ( ) Other ( ) \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Have you ever had service with us before? YES ( ) NO ( )

If you checked yes, please list all addresses which you have previously had service: \_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that I am responsible for the water utility bill from the date service is requested and that I understand that a \$125.00 security deposit will be required. A copy of your signed lease will also be required. When an account with a deposit has maintained an excellent credit rating (no late notices or fees) for one year, the deposit will be credited to the account at that time; or upon final termination of the account with The Torrington Water Company. I agree to notify Torrington Water (860 489-4149) when I am no longer responsible for water service at the property. I understand that if I do not notify Torrington Water to close the account, I will continue to be billed and will be responsible for full payment, including collections charges if applicable.

Signature: \_\_\_\_\_ Date \_\_\_\_\_