FALL RIVER, MASSACHUSETTS
COMMUNITY UTILITIES
ONE GOVERNMENT CTR., FALL RIVER, MA 02722-3002
Tel. # 508-324-2330 FAX # 508-324-2015 Email: water@fallriverma.org

NEW OWNER(S)' APPLICATION FOR SUPPLY OF WATER/SEWER	
Acc't #:	New Owner Customer #:
Date:	Assessor's map & parcel:
NEW OWNER(S)' NAME:	
(owner name as it will appear on real estate tax bill)	

TRANSFER READING/FINAL BILL/WORK ORDER:

I hereby acknowledge the Regulations, prescribed in the Ordinances of the City of Fall River, the Watuppa Water Board, and the Sewer Commission for the use of water and/or sewer (copies available upon request), and I request that water and/or sewer be furnished to me at the property formerly owned by _____,
(seller's name as it appeared on our records)
at such rates as may from time to time be established by the City. I hereby agree that the water shall be exclusively employed for allowed purposes through a meter; that it shall be used only on my premises by me, my employees or tenants and that no one shall be allowed to carry water from thence on any pretext whatever (except in case of fire), under penalty of the water being cut off. I hereby agree to pay all dues for water and to conform to all the provisions of the Water, Sewer, and Stormwater Ordinances and to all regulations now or hereafter established by the City Council or the Watuppa Water Board, until written notice is given by me or my agent to cut off the supply; or of the transfer or sale of the premises aforesaid. I further understand sewer charges (if my property is tied into City sewer system) are based on metered water and will receive sewer charges on my water bill. I also understand, per City Ordinance, that all meters and piping need to be accessible to the Water Department and that it is my responsibility to keep the department updated on any changes to my account. **As buyer of this property, I understand the Dept. of Community Utilities bills <u>services</u> and not people; therefore, I will be responsible for any unpaid charges remaining on the account after the closing.**

Date signed:	Signature:

Print name that is to appear on bills:

SPECIAL NOTES FOR ACCOUNT	Mailing Address
Dog : ☐ Yes ☐ No	(street/Apt)
Other:	
_____	
	(city) (state) (zip)

Tel# _____ FAX # _____ Email_____