



AUTHORIZATION TO DISCUSS ACCOUNT FORM

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

Third Party Information (Please print or type.)

Name of Authorized Party _____

Address _____

City _____ State _____ Zip _____

Phone _____

Third Party Signature _____ Date _____

Customer Information (Please print or type.)

Customer Name _____

Address _____

City _____ State _____ Zip _____

Account Number form your bill _____

Phone _____

I authorize the CT Water Company to discuss y account with the person listed above

Customer Signature _____ Date _____

NOTE:

Mailing Address: CT Water Company
93 West Main Street
Clinton, CT 06413-1600

customerservice@ctwater.com