

Town of Conway
Water & Sewer Department

128 West Main Street, Conway, NH 03818

Phone: 447-5470; Fax: 447-3271

This Institution is an Equal Opportunity Provider

AUTHORIZATION TO SEND A DUPLICATE BILL

ACCOUNT NUMBER

I/We, _____
Property owners' name

owner of _____
Street address of property

request that a duplicate water and/or sewer bill be sent to my tenant(s),

Name of tenant(s)

starting with the next billing cycle.

Tenants' Mailing address _____

Tenants' phone number _____

Owner's phone number _____

Owner's signature _____ Date _____

Note: Signing this contract indicates acceptance of the terms and conditions appearing within the Town of Conway Water and Sewer Rules and Regulations and in no way relieves the property owner of the responsibility for the water/sewer service of the property.