



West Boylston Water District

183 Worcester Street

West Boylston, Massachusetts 01583

Telephone 508-835-3025

Fax 508-835-3364

www.westboylstonwater.org

NEW OWNER APPLICATION

DATE _____

Please fill out, sign and return to the above address, fax to 508-835-3364, or e-mail to
lori.renzeni@westboylstonwater.org

SERVICE LOCATION / ID# _____

NEW NAME(S) _____

MAILING ADDRESS (if different) _____

TOWN _____ STATE _____ ZIP _____

HOME PHONE # _____ WORK # _____

CELL 1* _____ EMAIL 1 _____

CELL 2* _____ EMAIL 2 _____

DATE TRANSFERRED _____ PRIOR NAME: _____

The undersigned requests that the service designated above be transferred into his/her name, and hereby agrees to take and use West Boylston Water, which is subject at all times to the current rates and regulations established by the Board of Water Commissioners.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

*Please list your cellular carrier (Verizon Wireless, Sprint, Etc.) in order to accept text message alerts via CodeRed:
