

Town of Milford Sewer Department

OWNER OF PROPERTY (PRINTED): _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____

DATE OF SALE OR LEASE AGREEMENT: _____

MAIL BILL TO: OWNER _____ TENANT _____

OWNERS SIGNATURE: _____ DATE: _____

IF TENANT IS DIFFERENT FROM OWNER, OWNER MUST SIGN THIS FORM

TENANT NAME: _____

TENANT MAILING ADDRESS: _____

TENANT SIGNATURE: _____ DATE: _____

SEWER ACCOUNT NUMBER: _____

REAL ESTATE ACCOUNT NUMBER: _____

MAP & LOT: _____

BOOK & PAGE: _____

DATE RECEIVED IN OFFICE: _____
