



South Norwalk Electric and Water
A Municipal Utility System
Serving the Needs of the Community

CUSTOMER AUTHORIZATION FORM
Billing Name and/or Address Change
Electric Operations

Account #:

Today's date:

Property Address:

Customer Name:

This is to certify, I authorize South Norwalk Electric and Water to change the billing name and/or address on my account. I acknowledge and accept that there is a \$10 fee for this service which will be placed on my account.

Change BILLING ADDRESS to:

TELEPHONE #: () _____
(Important for SNEW to acquire additional information if necessary)

NOTICE: The customer of record is responsible to change the billing name and address as appropriate. THIS FORM DOES NOT TRANSFER RESPONSIBILITY FOR PAYMENT OF THE BILL TO ANYONE OTHER THAN THE CUSTOMER OWNER OF RECORD.

Customer Signature

Date: ___/___/___

South Norwalk Electric and Water
P.O. Box 468
164 Water Street
Norwalk, CT 06856-0468
Telephone: (203) 866-4446
FAX: (203) 854-0609

Electric Operations
P.O. Box 400
1 State Street
Norwalk, CT 06856-0400
Telephone: (203) 866-3366
FAX: (203) 899-7491

Water Operations
164 Old Boston Road
Wilton, CT 06897
Telephone: (203) 762-7884
FAX: (203) 834-0578