



Transfer of Water Service

Please complete the fields below and return to the City of East Bethel at your earliest convenience. Thank you and good luck in your new residence!

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Final Date of Service (Closing Date): _____

Forwarding Address for Final Bill: _____

City: _____ State: _____ Zip _____

Telephone: _____ Email: _____

New Owner Information (if known): _____

Address: _____

City: _____ State: _____ Zip _____

Signature: _____ Date: _____