

**KENT COUNTY WATER AUTHORITY**

**CHANGE OF OWNERSHIP/MAILING ADDRESS**

PERSON FILLING OUT FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMMERCIAL ACCOUNT: YES\* \_\_\_\_\_

NO \_\_\_\_\_

**\*SUBJECT TO 7% SALES TAX  
UNLESS EXEMPTION  
CERTIFICATE IS PROVIDED**

**NEW OWNER**

Name: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

c/o: Tenant: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**NEW MAILING ADDRESS**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Important:**

**Owner** – 1. In matters concerning extension(s) of distribution mains shall mean the developer or such other party or parties with whom the contract is made and their successors or assigns. 2. In matters concerning infrastructure extension requiring booster pumps and master meter configuration shall mean the developer or such other party or parties with whom the contract o obtain water supply is made and their successors. 3. Property owner of record as recorded in city or town records or authorized agent solely responsible for payment of bill for water used. 4. See Customer.

**Customer** – Owner of the parcel or property that is supplied with water from Kent County Water Authority system to which a lien can be affixed for noncompliance with KCWA Regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Kent County Water Authority, P. O. Box 192, West Warwick, RI 02893  
Phone: 401-821-9300**

**We do not accept faxed change of address forms. Please mail to the above address or you may bring your change of address form to our offices located at 1072 Main Street, West Warwick, RI 02893**