## **MOVING OR SELLING YOUR PROPERTY**

Name:	Spouse's Name:
Property Address:	•
Date of Birth: Employe	r:
Phone Number:	•
Email Address:	
Have you previously had service with Greater Cin	cinnati Water Works? Yes No
If Yes, at what address?	
COMPLETE ONE OF THE SECTIONS BELOW:	
<u> </u>	
If moving into a property (You are the Owner):	
Did you purchase this property? Yes	No
Did you purchase this property? Yes	No
Date to begin service:	(IIX
Mailing address (if different from the property ad	dress):
If moving out of a property (You are the Seller):	
Did you sell this property? Yes No	
Requested final meter reading date:	
Forwarding mailing address:	
Name of new owner:	
If renting or leasing (You are the Tenant):	
Are you moving into this property?	Move in date:
	Move out date:
Forwarding mailing address:	

<sup>\*\*</sup>If you need the water turned off or on, please contact our office at 513-591-7700 between the hours of 7:30am-5:30pm, Monday – Friday (excluding holidays).\*\*