



capitalregionwater.com
888-510-0606

Water Service Ownership Transfer Request

Previous Owner: Account Number:

New Owner:

New Owner Address:

Mailing Address: (If Different from Requester Address):

Contact Person: Phone:

Email Address:

Rental Property: Yes No If yes, the attached List of Tenant(s) (found on reverse side of this form) must be completed and returned with the Water Service Ownership Transfer Request.

Type of Account: Residential Commercial Institutional Industrial Other (Specify):

Service Line Size:

Estimated Maximum Consumption:

Date Service Required:

New Construction: Yes No Sketch\Plan and List of Materials Ownership Transfer: Yes No

Special: Swimming Pool Cooling Water Process Food Processor Other (Specify):

By signing this Request, the Requester agrees to abide by the Rules and Regulations of Capital Region Water, in particular the provisions governing the terms, conditions, fees and charges relating to water service.

Signature of Requester

Date

Request for water service only must be submitted at least seven (7) days before service is required. Request for the installation of a service line and connection thereto by Capital Region Water must be submitted at least 30 days prior to the requested installation date.

Submit form in-person or by mail to:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110



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## List of Tenant(s)

Property #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Please be advised that the following occupant(s) reside in the above property at the following locations (e.g., apartment number).

Tenant Apartment Name: \_\_\_\_\_

Tenant Name	Apartment #	Tenant Name	Apartment #
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

If additional space is needed, please use a separate sheet of paper.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

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