



Southampton Water Department
P.O. Box 379
Southampton, MA 01073

Treasurer's Office
Account # _____
Bill # _____

WATERSUPER@TOWNOFSOUTHAMPTON.ORG

Property Transfer Form
To Be Completed By Seller or Seller's Attorney

Date of Transfer: _____

Service Address: _____

Seller's Name: _____

Buyer's Name: _____

Buyer's Billing Address: _____

Town: _____

State: _____

Zip Code: _____

Seller's Attorney: _____

Attorney's Phone: _____

Attorney Contact Name: _____

Attorney Contact E-mail: _____

Party Responsible for Final Bill: _____

Final Bill To Be Sent by: (Circle) E-mail or Mail

Bottom Portion To Be Completed By Water Department

Meter Reading

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Enter Reading from Left to Right

MIU Number _____

Date of Reading: _____

New Owner Setup in Vadar by: _____ Date _____

Final Bill Sent to: _____

Date Final Bill Sent: _____