

CITY OF COHASSET ORDINANCE 11.18
LANDLORDS MUST FILE CO-SIGNER
FORMS FOR ALL TENANTS. PROPERTY
OWNERS ARE LIABLE FOR UNPAID
BALANCES

City of Cohasset Utility Cosigner Form

Cosigner Name: _____
(Last name) (First name) (Middle initial)

Address at which services are cosigned: _____

Services Cosigned (circle): Gas-main Gas-secondary Water Sewer

Service Connection date: _____

Address the cosigner copy is to be sent: _____

Telephone #: _____

By signing below, I understand the City of Cohasset ordinance that deems the homeowner as the responsible party for all unpaid utility balances.

COSIGNER SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date received: _____ Initials: _____

Customer account #: _____ Parcel ID#: _____

Customer type (circle): Residential Commercial Industrial

Services terminated (circle): Gas-main Gas-secondary Water Sewer

Location No. _____

Meter No.: GAS WATER Route: 1 2

FINAL READ: _____ _____ Sequence _____

Date terminated: _____ By: _____

Deposit to be refunded: Yes No Amount: _____

Data entry date _____ Initials: _____