



RESIDENT BILLING INFORMATION

Name: _____

Phone Number: _____

Email: _____

Please Check One Below

<input type="checkbox"/>	New In town	<input type="checkbox"/>	Moving to a different address in town
<input type="checkbox"/>	Name Change on my account	<input type="checkbox"/>	Moving OUT of town

Please Check One Below

<input type="checkbox"/>	Renting	Landlord Name	<input type="text"/>
<input type="checkbox"/>	Selling My Home	<input type="checkbox"/>	Buying My Home

My Current Address: _____

New Address: _____

Address for your FINAL bill: _____

\$75.00 NEW Connection Fee:	<input type="checkbox"/>	Paid Cash	<input type="checkbox"/>	Paid Check	<input type="checkbox"/>	Add to First Bill
		_____		# _____		

Effective Date: _____ Signature _____

Office Use Only

Days to Prorate:	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Current Owner/Tenant	<input type="checkbox"/>	New Owner/Tenant
Processed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Meter Reading	<input type="text"/>	Date Read	<input type="text"/>
Date Processed	<input type="text"/>	MIU #	<input type="text"/>	Y or N	Deposit Refund	