



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

If in town now, your current address: _____

If NEW in town or moving to a different home in town, address you're moving to: _____

Address for your FINAL BILL to be mailed to:

\$75 Fee Connection/ Processing	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Check	<input type="checkbox"/>	Add to First Bill
	<input type="text"/>	<input type="text"/>	#	<input type="text"/>		

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"/>	<input type="text"/>	MIU #	<input type="text"/>	Y or N	<input type="text"/>	Deposit Refund	<input type="text"/>