◆APPLICANT STATUS: ☐ PROPERTY OWNER ☐ PROPERTY MANAGER ☐ TENANT

CHANGE OF UTILITY SERVICE FORM

•IS THIS PROPERTY YOUR: ☐ PRIMARY RES	IDENCE RENTAL BUSINESS
•CHANGE REQUEST: □ NEW PROPERTY OV	VNER □ ADD TENANT OR PROPERTY MGMT COMPANY
	☐ REMOVE TENANT OR PROP MGMT COMPANY
□ WATER STATUS/RAT	E CHANGE REQUEST
PROPERTY ADDRESS:	
IS THE PROPERTY INTEND	ED FOR RENTAL PURPOSES? □ YES □ NO
REGISTERED OWNER INFORMATION:	TENANT INFORMATION:
□ WARRANTY DEED Effective date:	LEASE Effective date:
□ OWNER IDENTIFICATION	□ IDENTIFICATION
DEEDED OWNERS NAME(S):	NAME(S) ON LEASE:
MAILING ADDRESS:	MAILING ADDRESS:
PHONE NUMBER(S):	PHONE NUMBER(S):
EMAIL:	EMAIL:
PROPERTY MANAGEMENT COMPANY (IF APPLICABLE)):
ADDRESS AND PHONE NUMBER:	
•IF THE UTILITY BILL IS BEING MAILED TO THE ALSO RECEIVE A COPY OF THE BILL.	TENANT ON FILE—YOU AS THE DEEDED OWNER—WILL
•AS THE DEEDED OWNER AND/OR TENANT O	F THE ABOVE LISTED PROPERTY, I ACKNOWLEDGE THAT I
•THE TOWN OF SILT DOES NOT RESOLVE TENA	ANT/LANDLORD DISPUTES.
SIGN:	DATE:
OFFICE USE ONLY DATE PROCESSED:	ACCOUNT #: