



TOWN OF SILT SERVICE CHANGE FORM

P.O. Box 70, Silt, CO 81652 / 970-876-2353

Change of service please check one:

- Full Rate: __ Senior Rate: __
- Standby Rate: __ Start Date: ____
- New Owner: __ Effective Date: _____ (date of closing) Add Renter: __ Effective Date: _____
- Remove Renter/Property Mgmt Company _____ Effective Date: _____ Do you use On-line bill pay: _____
(If you use online autopay, please delete your name from this account on Xpressbillpay.com)
- Name/Address/ Phone Change: _____

Service Address: _____

Owner Name(s): _____ as shown on deed

Owner Billing/Mailing Address: _____

Owner Phone Number(s): _____ E-Mail address: _____

Renter Name(s): _____

Mailing Address: _____

Renter Phone Number(s): _____ E-Mail Address: _____

Is renter responsible for paying Town of Silt utilities? Yes _____ No _____

Under this order, the person signing this form states that he or she is the person, executor, guardian, authorized officer, or agent to receive mail associated to the said property and that you acknowledge that you received a current copy of the utility rate fees and that it was explained to you.

Privacy Notice: Filing this form is voluntary, but we cannot maintain your services without it. We do not disclose your information, except in the following limited circumstances: to government agencies or bodies as required to perform official duties, to law enforcement as needed for criminal investigation.

Sign: _____ Print: _____

Office use only Date Processed: _____ Account #: _____