

## **Utility Services Transfer Form**

MONDOVI WATER AND SEWER UTILITIES
156 S. FRANKLIN STREET MONDOVI, WI 54755

PHONE: (715) 926-3866 FAX: (715) 926-4261 EMAIL: adminrecep@mondovi.com

Service Address:	Last Date of Service:
Meter Read for Date of Vacancy Include all Numbers:	The Utility will obtain the final meter reading for the property, and a special meter reading charge will be assessed. If entry to the premises is required for a meter read, an additional missed appointment charge will be billed if the customer fails to be present at the scheduled appointment.  FINAL BILLING INFORMATION (Customer Ending Service)
Send Final Bill To: _	Telephone:
Mailing Address: _	
	NEW CUSTOMER INFORMATION (Customer Starting Service)  **All customers listed on the utility bill must sign the form**
Customer Name: _	Name 2:
Mailing Address:	
Telephone:	Email: Check here to opt in to email billing
CUSTOMER AGREEMENT (Signature required for all transfers)	
I hereby accept responsibility for all charges pertaining to water usage and sanitary sewer service for the above-referenced property from the date and water meter reading listed above until such time that I notify the City in writing or by phone that I have vacated the premises.  I hereby authorize the property owner to have access to information related to my account. I understand that special billing charges may be billed to my account as applicable. I understand that any unpaid balances as of <b>November 15</b> of each year will be placed on the tax roll and become a lien against the property.	
Customer Signature:	Date:
Customer Signature:	Date:
LANDLORD INFORMATION (if applicable) (Signature required if account is going into a tenant's name)	
Landlord:	Name 2
Mailing Address:	
Telephone:	Email:
	LANDLORD AGREEMENT (Signature required if account is going into tenant's name)

As the owner/management company of the above-reference property, I hereby authorize the City of Mondovi to send utility bills directly to the above-names tenant. I understand that I will not receive a copy of the utility bill, but I will receive notice of any past due accounts when the tenant is delinquent by fourteen (14) days. I understand that any unpaid balances as of **November 15** of each year will be placed on the tax roll and become a lien against the property. I also understand that if at any time my tenant requests discontinuation of service and the Utility has not received a transfer form for a new tenant, the account will then default back into my name and a special billing charge may be billed to my account.

Landlord Signature \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

This institution is an equal opportunity provider.