



WATER BILLING
CUSTOMER NAME / ADDRESS CHANGE
DATE: _____

ACCOUNT #: _____

PROPERTY ADDRESS: _____

OWNER'S NAME: _____

PHONE: __ (____) _____

(I/A) RENTER'S NAME (C/O) _____

MAILING ADDRESS: _____

DATE CHANGE BECOMES EFFECTIVE: _____

FOR OWNER WITH RENTER:

I UNDERSTAND I AM ULTIMATELY RESPONSIBLE FOR ANY DELIQUENT AMOUNT FOR THE ABOVE PROPERTY ADDRESS. I CAN CALL ANYTIME TO GET STATUS ON THE WATER BILL. CHECK THE APPROPRIATE CHOICES BELOW:

- _____ I WOULD LIKE TO RECEIVE A COPY OF THE SHUT-OFF NOTICE IF THE ACCOUNT BECOMES DELIQUENT.
- _____ I WOULD LIKE THE WATER BILL SENT TO THE RENTER ONLY.
- _____ I WOULD LIKE A COPY OF THE WATER BILL SENT TO ME ALSO.

SIGNATURE: _____

Form can be emailed to: forms@cityofnewbuffalomi.gov