



# REQUEST FOR SERVICE – TRANSFER TO NEW TENANT

City of Oshkosh Utilities • 215 Church Ave, Oshkosh, WI 54901  
Email: utilitybill@ci.oshkosh.wi.us Office: (920) 232-5325

**INSTRUCTIONS: This form must be completed in its entirety and returned to the Utility Accounting Department in order for your request to be processed.**

- \* Please print your name as it should appear on your billing statement (*please list as on State ID or Driver's license*).
- \* Include your mailing address (if different from the serviced property address).
- \* Include a telephone number and/or email address where you can be reached during business hours.
- \* Your request will not be processed if it is incomplete or you fail to provide the required information.

### Serviced Property Information (Required)

Street Address:	City/ST/Zip:
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Effective Date of Request: Service requests are for future dates only.	Account Number
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### Property Owner Information (Required)

Name:	Phone:
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Name 2 or in C/O:	Email Address:
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Mailing Address:	City/ST/Zip:
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### Tenant/Responsible Party (Required)

(first)                      (middle)                      (last) Name:	Phone:
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Name 2 or in C/O:	Email: (Optional)
	Bill Delivery:      Email      Postal Mail

Mailing Address:	City/ST/Zip:
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**\*\*PRIOR ADDRESSES IN OSHKOSH WITH WATER ACCOUNT IN YOUR NAME**

### Owner Authorization

As the owner of the above-referenced property, I hereby authorize the City of Oshkosh to send utility bills directly to the above-named tenant/responsible party. I understand that I will not receive a copy of the monthly bills, but I will receive notice of any past due accounts when the tenant/responsible party is delinquent by fourteen (14) or more days. I understand that I can call (920) 232-5325 during normal business hours to obtain account balances. I understand and acknowledge that I am ultimately responsible for all utility charges (sewer, water, storm water, etc) for the property and that any unpaid balance as of November 15 of each year will be placed on the tax roll and become a lien against the property. I further understand that if the tenant/responsible party listed below vacates the property that I have twenty-one (21) days to notify the City in writing of the forwarding address for said tenant/responsible party in order to compel the City to send notices for unpaid bills.

Owner Signature:	Date:
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### Tenant/Responsible Party Authorization

As the responsible party of the above-referenced property, I hereby request that the utility bills for the property be sent directly to me. I understand and acknowledge that I am responsible for all utility charges (sewer, water, storm sewer, etc) for the property from the effective date listed above. I hereby authorize the property owner to have access to informaton related to my account, including usage information.

Tenant/Responsible Party Signature:	Date:
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### OFFICE USE ONLY:

Date Received:	By:
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