REQUEST FOR SERVICE – TRANSFER TO NEW TENANT



City of Oshkosh Utilities • 215 Church Ave, Oshkosh, WI 54901 Email: utilitybill@oshkoshwi.gov Office: (920) 232-5325

INSTRUCTIONS: This form <u>MUST</u> be <u>COMPLETED</u> in its entirety and returned to the Utility Accounting Department in order for your request to be processed.

- * Please <u>clearly print</u> your name as it should appear on your billing statement.
- * Include your mailing address (if different from the serviced property address).
- * Include a telephone number 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.
- * Owner or Tenant Authorization is Needed (Only One)

	SERVICED PROPERTY IN	NFORMATION (R	EQUIRED)		
Street Address:			City/ST/Zip:		
Effective Date of Request:			Account Number		
Service requests are for future dates only.					
	PROPERTY OWNER IN		QUIRED)		
Name:	Phone:				
Name 2 or in C/O:	Email Address:				
Mailing Address:	City/ST/Zip:				
	TENANT/RESPONSII	BLE PARTY (REQ	UIRED)		
(first) (middle) Name:	(last)	Phone:			
Name 2 or in C/O:		Email: (Optional)			
		Bill Deliver	y: Email	Postal Mail	
Mailing Address (if different from Pro	City/ST/Zip	:			
PRIOR ADDRESSES IN OSHKOSH	WITH WATER ACCOUNT IN YO	OUR NAME			
	OWNER AL	JTHORIZATION			
tenant/responsible party. I understar tenant/responsible party is delinquen	nd that I will not receive a copy of that. I understand that I can call (920) m ultimately responsible for all util	he monthly bills, b 232-5325 during lity charges (sewe	out I will receive no normal business h r, water, storm wa	ter, etc) for the property and that any	
Signature (owner or tenant):			Date:		
	TENANT/RESPONSIBLE	E PARTY AUTHOR	IZATION		
I understand that I am responsible for responsible for this utility bill. I herebinformation.		•		_	
	OFFICE	USE ONLY:			
Date Received:	Ву:			Revised: 02/14/2024	