



City of Evanston
1200 Main Street

Phone (307) 783-6300 Fax (307) 783-6390

Customer Account Number: _____ Date: _____

Mail Route: _____

Owner's Name: _____

Tenant/Manager Name: _____

Service Address: _____

Billing Address: _____

City, State, Zip: _____

Owner Address: _____ City, State, Zip: _____

Owner Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Deposit: \$ _____ Receipt# _____ Date: _____

Notes: _____

As the home owner, I understand that I am responsible for the timely payment of all utility charges, fees, and billings. I will be responsible for all fees and late fees if action must be taken on the delinquent account.

Requested by: _____ Date: _____

Signature

Rental Property: Send Billings to: Owner Occupant Manager

Renter Phone: Home: _____ Cell: _____ Work: _____

As owner of the above property, I understand that I am responsible for the timely payment of all utility charges, fees, and billings assessed against the service unit, notwithstanding any other agreement between the owner and occupants (Section 23-6)

Property Owner's Signature: _____

IF RENTER HAS AUTO PAY AND THEY MOVE OUT, BE SURE AND TELL THEM TO SHUT IT OFF

OFFICE USE

<input type="checkbox"/> Name Change	<input type="checkbox"/> Customer Type	<input type="checkbox"/> Deposit Information
<input type="checkbox"/> Take Renter Off or On	<input type="checkbox"/> Alert Message	<input type="checkbox"/> Turn on Fee
<input type="checkbox"/> Address Change	<input type="checkbox"/> Garbage <input type="checkbox"/> Can# <input type="checkbox"/> Size <input type="checkbox"/>	<input type="checkbox"/> Code On
<input type="checkbox"/> Mail Route	<input type="checkbox"/> Sewer Change <input type="checkbox"/> to <input type="checkbox"/>	<input type="checkbox"/> Code Off
<input type="checkbox"/> Phone	<input type="checkbox"/> Renter or Manager Notes	<input type="checkbox"/> Tap Fees
<input type="checkbox"/> Collection	<input type="checkbox"/> Owner Notes	<input type="checkbox"/> Add New Account
<input type="checkbox"/> Other _____	<input type="checkbox"/> Auto Pay	

Date Entered: _____ Previous Date: _____

Entered By: _____ Previous Renter: _____