



TOWNSHIP OF EMO

UTILITY NEW/CHANGE REQUEST FORM

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|---|------------------------|--|---------------|
| ACCOUNT NUMBER: | | EFFECTIVE DATE OF CHANGE: | |
| | | | |
| SERVICE LOCATION: | | | |
| | | | |
| CURRENT ACCOUNT HOLDER/OWNER INFORMATION: | | | |
| BILLING NAME: | | STATUS (CHECK ONE) | |
| | | OWNER: <input type="checkbox"/> TENANT: <input type="checkbox"/> | |
| PHONE: | | EMAIL: | |
| | | | |
| CURRENT BILLING ADDRESS INFORMATION: | | | |
| P. O. BOX | STREET ADDRESS: | POSTAL CODE: | |
| | | | |
| CHANGES REQUESTED: | | | |
| ACTIVATION: <input type="checkbox"/> | | DEACTIVATION: <input type="checkbox"/> | |
| ACCOUNT HOLDER/OWNER: <input type="checkbox"/> (If as a result of legal ownership change, attach copy of deed.) | | BILLING NAME/ADDRESS: <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> (Briefly Explain) | | | |
| REVISED ACCOUNT HOLDER/OWNER INFORMATION: | | | |
| BILLING NAME: | | PHONE: | EMAIL: |
| | | | |
| REVISED BILLING ADDRESS INFORMATION: | | | |
| P. O. BOX | STREET ADDRESS: | POSTAL CODE: | |
| | | | |
| IMPORTANT NOTE: | | | |
| 1. The Township may refuse to active a service if an outstanding amount is owed. 2. The Township reserves the right to disconnect service for non-payment of bills. 3. In case of a rental, the property owner is still responsible for the bill in the event of non-payment. The municipality reserves the right to change the billing address back to the property owner at any time if non-payment of change of tenancy happens. | | | |
| DATE OF REQUEST: | | REQUESTER SIGNATURE: | |
| | | | |
| OFFICE USE: | | | |
| DATE RECEIVED: | | RECEIVED BY: | |
| | | | |
| COMMENTS: | | | |
| | | | |