



SEWER SERVICE CUSTOMER INFORMATION FORM

Date of Call _____

Circle One: Change of Ownership

New Tenant

Caller _____

Change of Address

Foreclosure

Account #: _____

APN: _____

Check One: Owner Occupied: _____ Second Home: _____

Rental: _____ Commercial: _____ Vacant Lot: _____

SERVICE ADDRESS:

Street

City/State

Zip

CHANGE OF OWNERSHIP

Escrow Close Date: _____

Escrow Agent: _____

Title Company: _____

Title Co. Phone: _____

New Owner Name(s): _____

Mailing Address: _____

Phone: _____ Email addresses: _____

Billing Preference: Email or Paper

Seller Name(s): _____

Forwarding Address: _____

Phone: _____ Email addresses: _____

CHANGE OF ADDRESS

Old Mailing Address: _____

New Mailing Address: _____

NEW TENANT (RENTER)

Name(s): _____

Mailing Address: _____

Phone: _____ Email addresses: _____

Accounting use only:

Current owner Refund or Balance Due \$ _____	New Customer Pays: \$ _____	New Customer in QB _____
Transfer to New Customer Any Balance Due on Account _____	Statement Charge _____	Memorized Transaction List _____
Remove Old customer from Memorized List _____	Inactivate Old Customer _____	Statement Mailed _____

Update All Streets File (MSD-SERVER\Documents\Administration-Accounting\District Street Addresses\All Streets.xlsx) _____

Commercial Account - Give copy of this form to Administrator when New Customer has been entered. _____