



**Notification of Tenant Vacancy**

Beloit Utilities • City Treasurer's Office  
 100 State Street, Beloit, WI 53511  
 Office: (608) 364-6663 Fax (608) 364-6642

**INSTRUCTIONS:** This form must be completed in its entirety and returned to the City Treasurer's Office in order for your request to be processed. This form is intended to provide written notification to Beloit Utilities of the forwarding address for a former tenant who may have delinquencies owed to the City of Beloit. This request will not be processed if it is incomplete or if the signator fails to provide the required documentation.

**Serviced Property Information**

|                 |                     |
|-----------------|---------------------|
| <b>Address:</b> | <b>City/ST/Zip:</b> |
|-----------------|---------------------|

|                                  |                       |                      |
|----------------------------------|-----------------------|----------------------|
| <b>Effective Date of Request</b> | <b>Account Number</b> | <b>Parcel Number</b> |
|----------------------------------|-----------------------|----------------------|

**Property Owner Information**

|              |               |
|--------------|---------------|
| <b>Name:</b> | <b>Phone:</b> |
|--------------|---------------|

|                          |                        |
|--------------------------|------------------------|
| <b>Name 2 or in C/O:</b> | <b>Soc. Security #</b> |
|--------------------------|------------------------|

|                 |                     |
|-----------------|---------------------|
| <b>Address:</b> | <b>City/ST/Zip:</b> |
|-----------------|---------------------|

**Former Tenant/Occupant Information**

|              |               |
|--------------|---------------|
| <b>Name:</b> | <b>Phone:</b> |
|--------------|---------------|

|                          |                        |
|--------------------------|------------------------|
| <b>Name 2 or in C/O:</b> | <b>Soc. Security #</b> |
|--------------------------|------------------------|

|                           |                     |
|---------------------------|---------------------|
| <b>Fowarding Address:</b> | <b>City/ST/Zip:</b> |
|---------------------------|---------------------|

**Owner Authorization**

As the owner of the above-referenced property, I hereby request the City of Beloit to forward notification of continued delinquencies, if any, to the above-named tenant at the forwarding mailing address listed above. I further understand that I am making this request no later than twenty-one (21) days after the tenant has vacated the subject property. I understand that requesting the City to continue to bill the former tenant does not guarantee payment from said tenant and that any unpaid balances must be paid in full by November 15 or such balances will be placed on the tax roll for the subject property. I understand that if I have not transferred the utilities into a new tenant's name that I will be responsible for all charges until such time that the utilities are transferred to the name of a new tenant.

|                         |              |
|-------------------------|--------------|
| <b>Owner Signature:</b> | <b>Date:</b> |
|-------------------------|--------------|

**Office Use Only:**

Date Received \_\_\_\_\_ By: \_\_\_\_\_