



REQUEST FOR SERVICE – TRANSFER TO NEW TENANT

Beloit Utilities • City Clerk/Treasurer’s Office

100 State Street, Beloit, WI 53511

Office: (608) 364-5731 Fax (608) 364-6642

Please email completed form to: schultz@beloitwi.gov

INSTRUCTIONS: This form must be completed in its entirety and returned to the City Clerk/Treasurer’s Office in order for your request to be processed.

- Please print your name as it should appear on your billing statement (*please list as on State ID or Driver’s license*).
- Include your mailing address (if different from the serviced property address).
- Include a telephone number and/or email address 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 documentation.

(NOTE: Changes may take 1-2 billing cycles to become effective on account if date received is during a billing cycle)

Serviced Property Information

Street Address:	City/ST/Zip: Beloit, WI 53511
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Effective Date of Request	Account Number	Parcel Number
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Property Owner Information

Name:	Phone:
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Name 2 or in C/O:	Email Address:
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Mailing Address:	City/ST/Zip:
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Tenant/Responsible Party

(first) (middle) (last) Name:	Phone:
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Name 2 or in C/O:	Email Address:
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Mailing Address:	City/ST/Zip:
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REQUIRED: Driver’s License/State ID #:	Exp. Date:
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****You must include a copy of your driver’s license or state identification card with your request (and have staff verify ID at bottom of form); or appear in person at the City Clerk/Treasurer’s office to present your ID for verification.**

Owner Authorization

As the owner of the above-referenced property, I hereby authorize the City of Beloit to send utility bills directly to the above-named tenant/responsible party. I understand that I will not receive a copy of the monthly bills, but I will receive notice of any past due accounts when the tenant/responsible party is delinquent by fourteen (14) or more days. I understand that I can call (608) 364-6663 during normal business hours to obtain account balances. I understand and acknowledge that I am ultimately responsible for all utility charges (sewer, water, solid waste, etc) for the property and that any unpaid balance as of November 15 of each year will be placed on the tax roll and become a lien against the property. I further understand that if the tenant/responsible party listed below vacates the property that I have twenty-one (21) days to notify the City in writing of the forwarding address for said tenant/responsible party in order to compel the City to send notices for unpaid bills.

Owner Signature: _____ Date: _____

Tenant/Responsible Party Authorization

As the responsible party of the above-referenced property, I hereby request that the utility bills for the property be sent directly to me. I understand and acknowledge that I am responsible for all utility charges (sewer, water, solid waste, etc) for the property from the effective date listed above. I hereby authorize the property owner to have access to informaton related to my account, including usage information.

Tenant/Responsible Party Signature: _____ Date: _____

(OPTIONAL) Please enroll me in the Automatic Payment Program. I hereby authorize the City of Beloit to collect payment of my utility bill by initiating deductions to the bank account shown on the **attached check for checking accounts or the attached deposit slip for savings accounts**. I understand that this authorization will remain in force until I notify the City of my desire to discontinue the program.

Check one of the following: I am a new user of this program I am changing my banking information

Tenant/Responsible Party Signature (if electing Automatic Payment): _____ Date: _____

OFFICE USE ONLY: Date Received: _____ By: _____ ID on file/verified by staff Revised 11/12/18