



Sewer & Water Utility Services Transfer Form Village of Stockbridge

PO Box 205, Stockbridge, WI 53088 ~ (920) 439-1220 ~ utilities@villageofstockbridgewi.gov

Service Address: _____ Last Date of Service: _____

Account Number: _____

Final Meter Read : _____

**** NOTE:** The Utility WILL conduct a meter reading on the last day of service (listed above)

FINAL BILLING INFORMATION ~ Current Customer

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

☐ By Checking this box, I acknowledge that my Final Bill be taken via ACH

☐ Check if you receive email billing

I hereby accept the responsibility of all charges pertaining to water usage and sanitary sewer services up until the date and meter reading listed above. I hereby acknowledge that I am responsible to pay the final bill in full by the date indicated on the Final Bill. I hereby acknowledge that I will vacate the premises by the last date of service indicated above.

Current Customer

Signature: _____ Date: _____

NEW CUSTOMER BEGINNING SERVICE

Customer Name: _____

2nd Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

☐ Check if you would like to receive email billing

CUSTOMER AGREEMENT - ALL NEW CUSTOMERS BEGINNING SERVICE MUST SIGN THIS FORM

I hereby accept responsibility for all charges pertaining to water usage and sanitary sewer service for the above referenced property from the date and meter reading listed above until such time that I notify the Village of Stockbridge in writing that I have vacated the premises. I hereby authorize the property owner to have access to the information related to my account. I understand that special billing charges may be billed to my account as applicable. I understand that any unpaid balances as of *November 15th* of each year will be placed on the tax roll and become a lien against the property.

Customer Signature: _____ Date: _____

2nd Cust. Signature: _____ Date: _____

LANDLORD INFORMATION (If applicable)

Landlord Name: _____

Management Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

LANDLORD AGREEMENT

As the owner/management company of the above-referenced property, I hereby authorize the Village of Stockbridge to send utility bills directly to the above-named customer. I understand that I will not receive a copy of the utility bill. If the customer is a tenant delinquent, you will receive notice of the past due balance. I understand that any unpaid balances as of *November 15th* of each year will be placed on the tax roll and become a lien against the property. I also understand if, at any time, my tenant request discontinuation of service and the Utility has not received a transfer form for a new tenant or incomplete transfer form is received, the account may be defaulted into the property owner's or management company's name and a special billing and meter read charge may be billed to the account.

Authorized Landlord Signature: _____ Date: _____