



**OWNER REQUEST FOR TENANT ACCOUNT**

TOWN OF WINDSOR, 301 WALNUT STREET, WINDSOR CO 80550  
[utilities@windsorgov.com](mailto:utilities@windsorgov.com) Phone: 970-674-2403 Fax: 970-674-6429

TENANT(S) LEGAL NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

TENANT MAILING ADDRESS \_\_\_\_\_

(INCLUDE CITY, STATE, ZIP)

TENANT HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_

OWNER/PROPERTY MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

COPIES OF STATEMENTS – Please check type of statements needed for each party. Tenant will automatically receive monthly billing statement and delinquent notice to address above.

Owner

- Copy of monthly billing statement
- Copy delinquent notice

Property Manager

- Copy of monthly billing statement
- Copy delinquent notice

I am the owner/property manager of the property located at the above service address. I am requesting that all utility billing statements and any other utility notices produced by the Town of Windsor be setup in the tenants' name. I am aware of the attached Town of Windsor utility billing policies and procedures, specifically section 8 regarding owner/tenant relationships.

**I also understand The Town will not activate new accounts on a property that has a delinquent account; all accounts must be paid in full prior to establishing future accounts at the same property.**

\_\_\_\_\_  
Owner/Property Manager Signature

\_\_\_\_\_  
Date

**PROPERTY OWNERS PHOTO ID MUST ACCOMPANY COMPLETED FORM**

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**FOR OFFICE USE ONLY: VERIFY ALL ACCOUNTS ARE PAID IN FULL**

NEW ACCT # \_\_\_\_\_