



# CITY OF NEWPORT CUSTOMER ACCOUNT SERVICE REQUEST FORM

CHECK ALL BOXES THAT APPLY

PROPERTY OWNER       TENANT       LANDLORD/PROPERTY MANAGER

TODAY'S DATE: \_\_\_\_\_ CUSTOMER/ACCOUNT NUMBER: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REQUEST:**

PLEASE CLOSE MY WATER/WASTEWATER UTILITY ACCOUNT AS OF (DATE): \_\_\_\_\_

CHANGE BILLING ADDRESS OR CONTACT INFORMATION

ADD NAME TO THE ACCOUNT. NAMED PERSON ALSO MUST SIGN BELOW.

NAME TO ADD: \_\_\_\_\_

REMOVE NAME FROM THE ACCOUNT

NAME TO REMOVE: \_\_\_\_\_

PERSON OR MANAGEMENT COMPANY AUTHORIZED TO DISCUSS ACCOUNT:  
NAME: \_\_\_\_\_

PERSON/COMPANY ABOVE IS ALSO AUTHORIZED TO MAKE CHANGES ON ACCOUNT  
(PROVIDE PROOF OF AUTHORIZATION).

OTHER (PLEASE SPECIFY): \_\_\_\_\_

IF BILLING ADDRESS HAS CHANGED, OR FOR FINAL BILLING OR CHANGE OF ADDRESS:

MAILING ADDRESS: \_\_\_\_\_

ATTN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

IF YOU ARE A TENANT OR MANAGEMENT COMPANY:

Please list the name, address and phone number of the Landlord/Property Owner

NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICE USE ONLY:	DATE RECEIVED _____	DEPOSIT \$ _____
REQUEST MADE BY ACCOUNT HOLDER (VERIFY):	REQUEST COMPLETED:	PICTURE ID VERIFIED:
	EMPLOYEE INITIALS: _____	