CITY OF MONTROSE: START UP SERVICE FORM

TODAY'S DATE:				MOVE IN DA	ATE:		
NAME:				□RENTER	□ OWNER	(SELECT	")
NEW ADDRESS:							
MAILING ADDRESS:							
PHONE NUMBER:				EMAIL:			
THIS PORTION IS FOR	RENTALS (<u>ONLY</u>					
OWNER:							
ADDRESS:							
CITY, STATE, ZIP:							
PHONE NUMBER:				FAX/EMAIL	:		
ACH DIRECT PAY:	□YES	□NO		PENNIES FO	R PARKS:	□YES	□NO
By signing below, I agree t this form. I will notify the accrued to the final read d read date.	City of Monta	rose of my se	ervice end date	and understa	nd that I am r	esponsible	for all charges
Signature			Date				
FOR OFFICE USE ONLY: ACCOUNT #: WATER METER READING: COMPUTER ENTERED: UPDATED ACCOUNT LIST:	□YES □ N						