

Utility Customer Account Change Request Form



Town of Rainy River

Date Requested	
Effective Date	

FOR OFFICE USE ONLY

NEW CUSTOMER DETAILS		<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		NEW ACCT#
Name				
Mailing Address				
Property Location				
City/Town				
Postal Code		Phone #		
Employer				
Customer Signature				

PREVIOUS CUSTOMER DETAILS			ACCT#
Name			
Mailing Address			
Property Location			
City/Town			
Postal Code		Phone #	
Issue Final Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Return to Landlord		
Customer Signature			

LANDLORD INFORMATION (if dwelling is rented)			
Name			
Mailing Address			
City/Town			
Postal Code		Phone #	