



Additional Utility Customer(s)

Service Address:

(Print Customer Name)

(Date)

(Print Customer Name)

(Date)

Customer Agreement

****All customers listed above must sign the form****

I hereby accept responsibility for all charges pertaining to water usage, sanitary sewer service, and/or storm water management for the above service address.

(Customer Signature)

(Date)

(Customer Signature)

(Date)

Owner Agreement

****Rental Properties Only****

I hereby request that the Utility sends all bills directly to the tenant and waive my right to receive all bills relative to water usage, sanitary sewer service and/or storm water management for the above service address. I understand that any unpaid balances as of **November 15** of each year will be placed on the tax roll and become a lien against the property. I also understand that if at any time my tenant requests discontinuation of service and the Utility has not received a transfer form for a new tenant, the account will then default back into my name and a special billing charge may be billed to my account.

(Owner Signature)

(Date)

Please return the completed form via email or mail:

Email:
utilities@eauclariewi.gov

Mail:
City of Eau Claire Utilities
PO Box 909
Eau Claire WI 54702-0909