## CITY OF COLSTRIP DUPLICATE BILL REQUEST

RESIDENT/TENAN'	Γ NAME				
SERVICE ADDRESS	S				
MAILING ADDRES	S				
CITY	STATE	ZIP	PHONE :	#	
EMAIL ADDRESS:					
I would like my bill emailed to me (email only)				Yes	No
I would like my bill emailed to me and a hard copy					
DATE RENTER BEG	GINS OCCUPANCY				
extended across or un charged on past due a \$50.00 reconnect fee	meter, sell or permit other der public or private processor.  If service is termust be paid before serv	perty, street or alley minated due to non- ices will be resumed	to provide water to payment, the entired.	o another. A \$ e balance of th	10.00 fee will be account plus a
and submitting this rebill belonging to the petween the property	uplicate bill to be sent to quest, I understand the u property owner, I underst owner and myself (NOT e will be a one-time \$25.	tility account is <u>not</u> and there may be ch the City of Colstrip	in my name. Since arges on the bill the object of the bill the object of the determine who	e I will be recenated to not below will pay the contractions.	eiving a copy of a ng to me and it is charges on the bill.
Applicant Signatur	re		Date m	m/dd/yyyy	
		<u>LANDOWN</u>	E <b>R</b>		
	The property own	er or agent mu	st complete th	is section	
PROPERTY OWNE	ER OR AGENT				_
CONTACT NAME	(If different than Propert	y Owner)			
MAILING ADDRE	SS				
PHONE #					
that the property ow	esion for a duplicate bill for ner is still responsible for rip, including ALL fees a	r the bill per the Rul	es and Regulations	s Governing U	
9	reement does not relieve sewer service to this pro	1 1	of financial or any	other responsi	bilities
Property Owner or A	Agent Signature		Date mr	m/dd/yyyy	

Please Save as PDF. Then email this form to: cityclerk@cityofcolstrip.com

	City Use Only
Account #	Date Application Received
Processed By	Date