

RESIDENT CONTACT FORM – UPDATING INFORMATION

	Date.
Property Address:	
Phone #:	E-mail:
IF PROPERTY IS RENTED:	
Tenant's Name:	Move In Date:
Tenant's Address:	
Phone #:	E-mail:
Town of Lochbuie Utility Billing is to be Mai	iled to: () Property Owner/Property Mgmt.
	() Tenant/Service Address
Property Owner Authorizing Another to Acc	cess Account:
	(Signature of Property Owner/Property Mgmt
Name of Person Accessing Account:	

Please fill out this form and return at your earliest convenience via:

• Email: phernandez@lochbuie.org or utilities@lochbuie.org

• Fax: (303) 655-9312

• In Person: 703 Weld County Road 37, Lochbuie, CO 80603

PROPERTY OWNER/COMPANY IS RESPONSIBLE FOR ANY OUTSTANDING UTILITY BILL FOR WATER, SEWER AND TRASH LEFT BY THE TENANT.