



**City of Watford City**

213 2<sup>nd</sup> St. NE  
Po Box 494  
Watford City, ND 58854  
Ph 701-444-2533  
Fax 701-444-3004

Circle One

# Utility Account Move

<u>In</u>	<u>Out</u>
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Contact Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

<p>CURRENT BALANCE</p> <p>\$ _____</p> <p><input type="checkbox"/> FINAL BILL NEXT MONTH</p>
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**Account Information**

Utility Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

**Resident Information**    Same as Owner    Renter    Rent to Own/Contract for Deed

Resident Name: \_\_\_\_\_

Resident Mailing Address: \_\_\_\_\_

Resident Phone Number: \_\_\_\_\_

**Owner Information**    New Owner   Closing Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Property Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

**Property Management (if applicable)**    New Management

Property Manager: \_\_\_\_\_

Property Manager Mailing Address: \_\_\_\_\_

Property Manager Phone Number: \_\_\_\_\_

<input type="checkbox"/> FOR OFFICE USE	
<input type="checkbox"/> \$35 New Account Fee	<b>Water Service Order #:</b> _____
<input type="checkbox"/> Requested Water Shut Off	Reading Date: _____
Requested Date: _____	Meter Reading: _____
Reason: _____	<b>Garbage Service Order #:</b> _____
<input type="checkbox"/> \$35 shut off fee	Garbage Tote #: _____ Dumpster Size: _____
<input type="checkbox"/> Transfer ACH From Acct # _____	
Date Entered into UB: _____ Initials: _____	