



City of Watford City

213 2nd St. NE
Po Box 494
Watford City, ND 58854
Ph 701-444-2533
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Circle One

Utility Account Move

Water Turn

In	Out
On	Off

Contact Date: _____

Effective Date: _____

<p>CURRENT BALANCE \$ _____</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: _____

FOR OFFICE USE

\$35 New Account Fee

Water Service Order #: _____

Requested Water **Shut Off / Turn On**

Reading Date: _____

Requested Date: _____

Meter Reading: _____

Reason: _____

\$35 service fee

Garbage Service Order #: _____

Transfer ACH From Acct # _____

Garbage Tote #: _____ Dumpster Size: _____

Date Entered into UB: _____ Initials: _____