

**City of Osseo**  
**13712 8th Street - PO Box 308 - Osseo WI 54758**  
**Phone (715)597-2207 Fax (715)597-2600**

**REQUEST FOR CHANGE IN WATER/SEWER SERVICE**

Service Address \_\_\_\_\_ Today's Date \_\_\_\_\_

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Effective Date \_\_\_\_\_

- Request From:
- Renter
  - Property Owner
  - New Property Owner
  - Agent/Realtor representing Property Owner

**Office Use Only:**

Work Order

Reading \_\_\_\_\_

Account Number \_\_\_\_\_

- YES, I would like Automatic Payment on my account
- NO, I do not want Automatic Payment on my account

<b>NEW CUSTOMER INFORMATION (To Begin Service)</b>
<b>SEND BILL TO:</b>
Phone Number: _____
DL#: _____ and/or SS#: _____
<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Realtor or Agent

<b>CURRENT CUSTOMER INFORMATION (To End Service)</b>
<b>SEND FINAL BILL TO:</b>
Phone Number: _____
DL#: _____ and/or SS#: _____
<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Realtor or Agent

As the owner or renter, I hereby accept responsibility for ALL charges pertaining to public fire protection, water usage and sanitary sewer service beginning on the effective date. ALL bills will be mailed to me at the address listed above.

Owner or Renter (or Authorized Agent) Signature \_\_\_\_\_

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

**RENTAL PROPERTY OWNER:**

I hereby request that the City of Osseo send ALL bills relative to public fire protection, water usage and sanitary sewer service for the above property address directly to the renter.

Property Owner (or Authorized Agent) Signature \_\_\_\_\_

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