VILLAGE OF LAKE HALLIE
PUBLIC WORKS
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# VILLAGE OF LAKE HALLIE WATER SERVICE TRANSFER & ACCOUNT CHANGE FORM

## INSTRUCTIONS

Please complete all required fields marked with an asterisk (*). This form must be submitted before the requested transfer date. Move-in and move-out dates cannot be backdated. Processing begins when the completed form is received by the Village Clerk's Office. Incomplete forms may delay processing.

## PROPERTY INFORMATION

*Service/Property Address: _____

*City/State/ZIP: _____

*Phone: _____

*Email: _____

*Effective Transfer Date: _____

## TRANSFER TYPE

☐ Sale ☐ Refinance ☐ Transfer Between Owners ☐ Rental Property
☐ New Construction ☐ Other: _____

## FINAL BILLING INFORMATION (ENDING SERVICE)

*Send Final Bill To: _____

Name 2 / C/O: _____

*Mailing Address: _____

*City/State/ZIP: _____

*Phone: _____

*Email: _____

## PREVIOUS OWNER AGREEMENT (OR TITLE COMPANY AGENT)

As the seller, I accept responsibility for all charges associated with the final water meter reading and water usage through the final billing date listed above. Please allow 7 to 10 business days for processing. Move-in and move-out dates cannot be backdated. Processing begins on the date this form is received by the Village Clerk's Office. Changes or corrections after submission may result in additional processing time.

*Seller's Signature: _____ *Date: _____

Co-Seller's Signature: _____ Date: _____

## NEW CUSTOMER INFORMATION (BEGINNING SERVICE)

*New Customer: _____

Name 2 / C/O: _____

*Billing Address *(if different than service address)*: _____

*City/State/ZIP: _____

*Phone: _____

*Email: _____

*Driver's License Number: _____ *Expiration Date: _____

## NEW OWNER AGREEMENT

As the property owner, I accept responsibility for all charges associated with water service beginning on the effective service transfer date listed above. I understand that any unpaid utility balance remaining at the beginning of November may be placed on the property tax roll in accordance with Wisconsin law.

*New Owner Signature: _____ *Date: _____

Co-Applicant's Signature: _____ Date: _____

## FOR OFFICE USE ONLY

Account Number: _____

Date Received: _____

Received By: _____

Final Meter Reading: _____

Initial Meter Reading: _____

Account Entered By: _____

Date Entered: _____

Comments:

*Required Fields