

Town of Crested Butte Request for Change of Utility Billing Party

Date:				
Property Owner:				
Property Address:				
Utility Account Number:				
Tenant Information				
Name:	Mailing Addres	s:		
Phone Number:	Email:			
Effective Date: Must be on the 1 st of the month. Prorating is	not an option.			
Tenant's preferred billing method:	☐ Email	and/or	☐ Mail	
Owner Signature:		_ Date:		
Tenant Signature:		_ Date:		

Please note: Through this request, you have authorized the Town of Crested Butte to bill your tenant for utility services. However, under the Town Code, the property owner is ultimately responsible for payment. Should the tenant fail to keep the account in good standing, the Town reserves the right to charge the property owner. The charges may include discontinuation of services, fees, and/or liens against the property. It may be to your advantage to periodically check the status of this account to ensure regular payments are being made.

Please complete and return to:

Town of Crested Butte Attn: Finance Department PO Box 39 507 Maroon Ave Crested Butte, CO 81224-0039

(970)349-5338

billing@crestedbutte-co.gov