



CITY OF RENSSELAER

RENSSELAER, INDIANA

CHANGE REQUEST FORM

ACCOUNT INFORMATION			
Customer Name:			
Additional Name:			
Service Address:			
Property Owner Name:			
REQUESTED CHANGE			
Name:			
Mailing Address:			
Phone #:		Alternate #:	
Discontinue Services: (Please circle) Yes / No		Effective Date of Change:	
Cancel Automatic Debit: (Please circle) Y / N		Effective Date of Change:	
Transfer Deposit(s): (Please circle) Yes / No		Refund Deposit(s): (Please circle) Yes / No	
ADDITIONAL INFORMATION			
<p>If transferring deposit(s) to another service address within the City of Rensselaer service territory, you may "share" the deposits/have (2) active accounts for 14 days.</p> <p>If you need services at multiple locations longer than the allotted 2 weeks, you will be required to make a new deposit for each required utility service at the new service address.</p> <p>_____</p>			
<p>_____ Final invoices are mailed and due on the previously established dates.</p>			
<p>_____ Deposits are refunded <i>after</i> the final bill is paid in full. *May take up to 30 days to receive refund check.</p>			
<p>_____ If the account becomes delinquent, deposits will be applied and the account may be subject to additional penalties and fees including court costs.</p>			
Customer Signature:			Date
Customer Signature:			Date
For Office Use Only:			
Book:		Account:	
Priority Service: Y/N	Budget Billing: Y/N	WO#	Owner Letter:
Meter Deposits	Date	Receipt #	Amount
Electric			
Gas			
Water			
Sewage			
Transfer Deposits to:			Refund Claim

Clerk initials & date completed		
Scanned	Cubic	Laserfiche