

**Property Owners:** Please provide this completed form to the Watertown Water Department office at least 48 hours prior to the requested date to be changed, by:

- **FAX** to (920) 262-4087
- **E-mail** to [wtnwater@ci.watertown.wi.us](mailto:wtnwater@ci.watertown.wi.us)
- **Mail** to P.O. Box 477, Watertown WI 53094-0477
- **Drop off** at Water Dept. office, 800 Hoffmann Dr., or at City Hall, 106 Jones St.

**CHANGE OF TENANT REQUEST FORM**  
**REMOVAL OF OLD TENANT(S) NAME**

DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DATE TO BE CHANGED: (Monday-Friday only) \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**OLD TENANT INFORMATION:**

Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

**PLEASE READ:**

**This is to authorize the Watertown Water Department to change the bill into the name of the property owner listed above as of the “date to be read”. The bill will not be changed into a new tenant(s) name until we receive a *Change of Tenant Request Form, Addition of New Tenant Name*, signed by the new tenant.**

**SIGNATURE OF PROPERTY OWNER:**

\_\_\_\_\_

***REQUESTS MUST BE MADE 48 HOURS IN ADVANCE***

***METER READINGS and TENANT NAME CHANGES WILL NOT BE DONE  
ON SATURDAYS, SUNDAYS OR HOLIDAYS.***