

SUBMIT FORM BY CLICKING ON OVAL BUTTON

## City of Santa Fe

## **Public Utilities Department - Utility Billing Division**

801 W San Mateo – Santa Fe, NM 87505 Customer Service (505) 955-4333 / Fax (505) 955-4363 utilitycustomerservice@santafenm.gov

## Request to Revert Services from Tenant to Landlord

Please Print	
Date: Name on Account:	
Account #:	_ Phone #:
Service Address:	
Property Owner Name:	Phone #:
<ul> <li>This form may be completed by either the land!</li> <li>Proof of the lease end date is required if the original Agreement.</li> </ul>	move-out date is different than that on the
Tenant's email is	
address is	fund of \$5.00 or more to the forwarding address.
Tenant: I am requesting utility service revert to the	ne landlord,,
as of (move-out date). Please ad	cknowledge the following by initialing:
Tenant must pay the current balance on the	account and provide a forwarding address.
Signature	Date Signed:
Print Name	Phone:
Landlord: I am requesting utility service revert from	om tenant,,
as of (move-out date).	
Signature	Date Signed:
Print Name	Phone:

Note: Incomplete, Illegible and or unsigned forms will not be processed.

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