



Finance Department
300 West 4th Street Craig, CO. 81625
(970)826-2005
Email to: finance@ci.craig.co.us
or Fax to: 970-826-2035

OWNER AUTHORIZATION FOR RENTAL PROPERTY
to be completed by Owner or Property Manager - **24 HOURS NOTICE REQUIRED**

Today's Date: _____ Effective Date: _____

Property Address: _____ in Craig Colorado.

Property Owner	Property Manager:
Name: _____	_____
Mailing Address: _____	_____
City, State, Zip: _____	_____
Phone #: _____	_____
E-Mail (optional) _____	_____

I authorize the City of Craig to release billing and payment information on the above listed property to:

Property Manager Renter

Name: _____

Billing Address: _____

Phone #: _____

Check All Services Needed:

Move in	Water/Sewer- Turn On Turn Off
	<u>(call to set up appointment-representative will need to be there)</u>
Move out	Residential Trash/Landfill- Deliver Can Remove Can
	Commercial Trash/Landfill(requires a signed contract)

Additional Information: _____

I understand that I am only authorizing the person listed to receive and pay the utility bill for the above listed property and that the account will remain in my name and be my responsibility.

Signed _____ Date _____

FOR THE PROTECTION OF PROPERTY OWNERS, THE CITY OF CRAIG HIGHLY RECOMMENDS THAT ALL UTILITY BILLS BE SENT TO AND PAID BY THE PROPERTY OWNER.

IF THE RENTER CHOOSES TO USE THE XPRESSS BILL PAY OPTION, THE CITY OF CRAIG RECOMMENDS THAT THE RENTER NOT SAVE THEIR INFORMATION ON THE XPRESS BILL PAY OWNERS ACCOUNT.

Office Use Only:	Master File: _____
Account Number: _____	Service File: _____