



Finance Department

300 West 4th Street

Craig, CO 81625

(970)826-2005

(970)826-2035 Fax

OWNER AUTHORIZATION FORM

I _____ am the Property Owner/Property Manager at

_____ in Craig Colorado.

Property Owner Property Manager:

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: - Water/Sewer
- Residential Trash/Landfill
- Commercial Trash/Landfill(requires a signed contract)

Move in Date: _____

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.

For Office Use Only: _____
Account Number: _____