



# 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](mailto: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 #: \_\_\_\_\_

- This form may be completed by either the landlord or tenant.
- Proof of the lease end date is required if the move-out date is different than that on the original Agreement.

Tenant's email is \_\_\_\_\_ and forwarding

address is \_\_\_\_\_

*(The City will forward the final bill and or any deposit refund of \$5.00 or more to the forwarding address.)*

**Tenant:** I am requesting utility service revert to the landlord, \_\_\_\_\_,

as of \_\_\_\_\_ (move-out date). Please acknowledge 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 tenant, \_\_\_\_\_,

as of \_\_\_\_\_ (move-out date).

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name \_\_\_\_\_ Phone: \_\_\_\_\_

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