

## 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 (Property Owner)**

Submittal Date: Accou	ınt No.:
Property Service Address:	
Tenant/Name on Account:	Phone No.:
Property Owner Name:	Phone No.:
	>0
The release of liability becomes nul	Utility Billing Division prior to tenant move-out.
Tenant Email:	
(The City will mail the final bill and or any depo	sit refund greater than \$5.00 to the forwarding address.)
Forwarding Address:	
<b>Tenant:</b> I am requesting utility service (tenant move-out date). Please acknowledge	ce revert to the landlord as of owledge the following by initialing.
Tenant agrees to pay the curren	t balance and the final bill amounts due on the account.
Signature:	Date Signed:
Print Name:	
	rvice revert to me from tenant as of
(tenant move-out date).	
Signature:	Date Signed:
Print Name:	
* Please submit this form	n prior to a tenant's move-out date.

Note: Incomplete, illegible and or unsigned forms cannot be processed.

Landlords are responsible for utility services charges upon tenant move-out. \*

