



City of Evanston
1200 Main Street

Phone: (307) 783-6300

Fax: (307)783-6390

Customer Account Number: _____ Date: _____

Mail Route: _____ Multiple Accounts: Yes No

Other Account #: _____

Sign up for Paperless Statements or automatic Payments at www.evanstonwy.org

Owner's Name: _____

Service Address: _____

Billing Address: _____

City, State, Zip: _____

Phone (Owner): Home: _____ Cell: _____ Work: _____

Email Address: _____

Deposit: \$ _____ Receipt # _____ Date: _____

Notes: _____

As the Home Owner, I understand that I am responsible for the timely payment of all utility charges, fees, and billings. I will be responsible for all fees and late fees if action must be taken on the delinquent account.

Requested By: _____ Date: _____

Signature

IF YOU HAVE AUTO PAY AND YOU MOVE OUT, BE SURE AND SHUT IT OFF AND REMOVE YOUR PERSONAL INFORMATION.

OFFICE USE

_____ Name Change	_____ Customer Type	_____ Deposit Information
_____ Address Change	_____ Alert Message	_____ Send Statement
_____ Mail Route	_____ Garbage _____ Can# _____ Day _____ Size	_____ Code On
_____ Phone	_____ Sewer Change _____ to _____	_____ Code Off
_____ Collection	_____ Pre-Owner/Notes	_____ Tap Fees
_____ Location	_____ Email Address	_____ Add New
_____ Other _____		

Date Entered: _____ Previous Date: _____

Entered By: _____ Previous Owner: _____