



Residential Manual Revert Fax Form

I hereby authorize City of Fountain Utilities to disconnect*/connect utility services at the following address:

_____ on _____ (date).

If disconnect request, name of Current Account Holder _____

Request services in the name of** (Responsible Party): _____

Mailing Address: _____

Phone Number: _____

TAX ID #: _____ (if in business name)

OR

Last Four digits S/S# _____ and DOB: _____

OR

Driver License# _____ State _____ and DOB: _____

Name of Authorized Contact _____ Phone Number _____

Signature _____ Date _____

**There may be hazards resulting from disconnection, including frozen pipes, and the person/company requesting disconnection will assume full responsibility. This would not pertain to any account(s) subject to disconnection for nonpayment of utility bills.*

*** If request is by a property management company for owner, please provide copy of property management agreement.*

Please Note: Our normal deposit process will be followed. A deposit may be required to set-up service.