

City of St. Charles
PO Box 58
St. Charles, Idaho
(208)945-9636

JESS JOHNSON, MAYOR

DALLAS ARNELL

TYLER GUDMUNSON

STACEY TRANSTRUM

KENT WILKES



Utility Change of Owner Form

Previous Owner

Name of Property Owner: _____

Utility Account Owner _____

Applicant (New Owner) Information

Name of Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

E-mail Address: (optional) _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
City Official's initials: _____	
City Council Date: _____	
Permit # _____	

Date of property Sale: _____

Please supply 3 references.

	Name	Phone #	Address
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I/We, hereby certify that I am the new owner / tenant of the above-described property and that I do hereby accept and will comply with all rules, ordinances and regulations which may be prescribed by the CITY relating to water and sewer service and distribution.

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I understand that I am responsible for all city fees associated with this account from the date of sale. City bills are mailed on or about the 15th of the month and will be due the following 10th of the month.

If the property is sold, or the billing address must be changed, it is my responsibility to notify the city before the 20th of the month. As long as the utility remains connected the monthly utility fee must be paid; disconnection of service will require advance application with the city, and new impact and hook-up fees to be repaid before resumption of service.

I understand that St. Charles City will make all reasonable efforts to provide continuous and uninterrupted service but cannot be liable for loss or damage (direct, consequential, or otherwise) caused by an interruption of service.

Applicant/owner signature:

X _____ Date: _____
I certify that I have provided accurate information as required by this application form, to the best of my ability.