



Village of Lake Hallie Public Works

13136 30th Avenue
 Chippewa Falls, WI 54729
 Ph: (715) 726-2660 Fax: (715) 726-2661
 Email: office@lakehallie.us

Water Service Transfer Form

* Service/Property Address:

*City:

*State:

*ZIP Code:

*Final Billing Date:

Final Billing Information (Ending Service)

*Send Final Bill to:

*Name – 2 or C/O:

*Address:

*Phone:

*City:

*State:

*ZIP Code:

Previous Owner Agreement (or Title Company Agent)

As the seller, I hereby accept responsibility for all charges pertaining to the final water meter reading and water usage prior to the above date. Please allow 7 to 10 business days to process the final bill. Move-In/Out dates cannot be back-dated; processing begins the date the form is received in the Clerk's office. Any changes or corrections may result in additional charges.

*Seller's Signature:

*Date:

Co-seller's Signature:

Date:

New Customer Information (Beginning Service)

*New Customer:

* Date of Birth:

Name – 2 or C/O:

*Billing Address (if different than service address):

*City:

*State:

*ZIP Code:

*Phone:

*Drivers License:

*Social Security Number:

New Owner Agreement

As the owner, I hereby accept responsibility for all charges pertaining to water usage from the above date and water meter reading. I understand that any unpaid balance as of the beginning of November of each year will be placed on the property tax roll.

*New Owner Signature:

Date:

Co-applicant Signature:

Date:

For Office Use Only

Account #

Date Received:

* Required Fields