



CITY OF LA CROSSE UTILITIES

WATER - SEWER- STORM
400 LA CROSSE ST
C/O WATER DEPARTMENT
LA CROSSE WI 54601-3396

Account #
OFFICE USE ONLY

Landlord/Tenant Agreement

Pursuant to Wis. Stat. §66.0809 (5), a landlord may elect to receive notice should his tenant's account become delinquent. This form provides the Utility with the necessary approval to provide the landlord with notification in the case the tenant becomes past due, as well as provide the landlord with authority to access account information regarding the account status and usage pursuant to Wis. Stat. §196.137. This form must be received a minimum of three (3) business days prior to the move in date to avoid billing discrepancies.

Service Address

Address:	Current Account #:
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Landlord/Management Company Information

Owner Info:	Last Name:	First Name:	Middle Initial:
DBA:	Date of Birth: / /		
Phone #	Cell #	Email:	
Address:			
City:	State:	Zip Code:	
Mailing Address(if Different):			
City:	State:	Zip Code:	
Manager Contact Info (if not owner):	Last Name:	First Name:	
Phone #:	Cell #:	Email:	

New Tenant Information

Move In Date: / /		
Last Name:	First Name:	Middle Initial:
Date of Birth: / /	Phone #:	Cell #:
Business Name (If applicable):		
Billing Address (If Different):		
City:	State:	Zip Code:

Landlord/Management Company Agreement

As landlord/property manager ("Landlord") for this service address, I accept responsibility for notification to the City of La Crosse Utilities for any changes in occupancy, including scheduling a reading of the meter to implement this agreement. I further understand that said notice must be made within three business days of change of occupancy to avoid billing discrepancies. As Landlord, I accept the responsibility for payment of all City of La Crosse Utility billings during vacancies for this service address. I understand that any unpaid balances as of November 1st of each year will be placed on the tax roll, with penalty.

Name (Printed):	Date:
Signature:	Email:

Tenant Agreement

As the Tenant ("Water Customer") for this service address, I accept responsibility for payment of all City of La Crosse Utility billings during my occupancy. I hereby authorize that my landlord have access to information related to my account and usage status as well as the ability to make changes to my utility account with regard to the mailing address and/or the request for a Final Reading to end my utility service. I further understand that by signing this agreement, the landlord will be notified by mail any time the Utility bills for this address become delinquent, as well as if any balance is subject to the tax roll transfer. I further understand that any unpaid balances as of November 1st of each year will be placed on the property owner's tax roll, with penalty.

Name (Printed):	Date:
Signature:	Email:

- FOR OFFICE USE ONLY -

Date Received:	Initials:
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Please sign and return the completed form to:

City of La Crosse Utilities
400 La Crosse Street
La Crosse, WI 54601

Fax to: 608/789-7592 OR

Email to: utilities@cityoflacrosse.org