



Property Owner / Landlord

Transfer of Responsibility for Account Charges

Property Owner Name: _____

Date of Birth*: _____

Social Security #*: _____

Property Owner Name: _____

Date of Birth*: _____

Social Security #*: _____

**This information is necessary to establish identity*

List all service addresses below. If more space is needed please use the back of this form.

Acct No.: _____ Address: _____
Street Zip Code

Acct No.: _____ Address: _____
Street Zip Code

Acct No.: _____ Address: _____
Street Zip Code

1. I/we hereby elect to have responsibility for utility charges for the above address(es) to be _____ assigned to the tenant OR _____ retained. _____ (Initial – Property Owner)
2. I/we understand that if I elect to assign responsibility to the tenant, I/we will be responsible for any utility charges after the tenant moves out. _____ (Initial – Property Owner)
3. I/we understand that I/we have the responsibility of verifying that CFPUA is notified when the tenant leaves. If the tenant leaves without my/our knowledge, CFPUA will transfer the account back into my/our name when they determine the residence is abandoned. _____ (Initial – Property Owner)
4. I/we understand CFPUA will send written notice of the date the account is reinstated in my name and that I will be responsible for any charges incurred on the account until an application for a new tenant is accepted by CFPUA. _____ (Initial – Property Owner)
5. I/we elect to have CFPUA turn off water each time when responsibility for utilities changes. YES NO
6. If I/we elect to have CFPUA turn off water, I/we understand there will be a \$55 premise visit fee charged to my/our account once the tenant's account is terminated and my/our name is reinstated. _____ (Initial – Property Owner)
7. I/we elect to have CFPUA submit a request to City of Wilmington to remove Trash Carts each time when responsibility for utilities changes. YES NO ****Please note: A \$25 Activation Fee applies if cart is re-delivered****
8. I/we understand that there is no charge to transfer service back to the Property Owner/Landlord when Tenant vacates property. _____ (Initial – Property Owner)
9. I/we understand that Tenants will be subject to a New Service Charge and a Deposit. Deposits will be waived when a tenant can show proof of good credit. _____ (Initial – Property Owner)

****Please print form to sign below****

Signature Date

Signature Date

Printed Name/Title if signing as representative of owner or business entity

Printed Name/Title if signing as representative of owner or business entity

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