

450 S. Parish Avenue Johnstown, CO 80534 970.587.4664 JohnstownCO.gov

TENANT UTILITY FORM

Today's date:	Date lease starts:	
Tenant Name:		
Property Owner/Landlord Name:		
Service Address:		
Mailing Address:		
Primary Phone:	Cell Phone:	
Email Address:		
Driver's License Number: If returning form via email or mail, please include a copy of you	State: Exp. our ID. You may also present your ID in person at Town Hall.	
Do you want to receive the monthly newslette	er electronically? Please select one Yes	No
By signing on this form below, I acknowledge regarding any matters regarding my account I	e and allow the Town of Johnstown to contact m by phone, email and/or automated service.	ne
Signature of Tenant	 Date	_
Property Owner Signature approval		
Authorization from the property owner is required: The owner trenants name, property address, and a statement of authorizat authorization signature on this form along with the Tenant sign.	ation, call Town Hall with the above information, or give an	

Properties tenant occupied will be charged a \$2.00 per month duplicate bill fee.

Please complete this form and return it to the Town of Johnstown at 450 S. Parish, Johnstown, CO 80534 or email the completed form to utilitybilling@johnstownco.gov. The property owner will need to contact us to provide permission before you can be added to the account.