

Department: Public Works

Name of Form: New Renter/Prop Mgr

Revision Date: 8/1/2023

NEW RENTER OR PROPERTY MANAGER

Phone: 970-524-3121 Fax: 970-524-5022 Email: angela@townofgypsum.com

Staff Signatur	re:	
HOMEOWNER INFO	RMATION:	
Date of Change:		
Account Number:		
Street Address:		
Owner Name:		
Phone #: Home:	Work:	Cell:
RENTER / PROPER	TY MANAGER INFORM	ATION:
City:	State:	Zip:
Phone #: Home:	Work:	Cell:
 Please note that any rembe the homeowner's responding in care of the request payment will be sent to the sent to the sent to the sent to the sent and payment pay any balance due, later that the sent to the sent to		ewer, and or trash bill will ultimately ll mail water, sewer, and or trash nailings i.e. billings or notices of late responsible for collecting payment ement, the homeowner agrees to econd party fails to do so.
	/ITOILEI.	
Signature of Homeowner:		Date: