



CHANGE OF RESPONSIBILITY AUTHORIZATION

City of Moriarty • P. O. Drawer 130 • Moriarty, NM 87035
Phone: (505) 832-4406 Fax: (505) 832-6919

Date: _____

Re: Account No.: _____
Physical Address: _____

Please change the billing information on this account as shown below:

Name: _____
Billing Address: _____

Phone: (H) _____
(W) _____

I authorize the City of Moriarty to mail future utility billing for this account to the person listed above. This request transfers the current deposit and responsibility, previously shared by _____ and _____, to an individual account. _____ will now be the listed as the landowner and responsible party.

Owner: _____
(Please Print)
Signed: _____



CHANGE/ADD UTILITY BILLING INFORMATION

City of Moriarty • P. O. Drawer 130 • Moriarty, NM 87035

Phone: (505) 832-4406 Fax: (505) 832-6919

Date: _____

Re: Account No.: _____
Physical Address: _____

Please CHANGE / ADD to the utility billing information on this account as shown below:

Name: _____
Billing Address: _____

Phone: (H) _____
(W) _____

Reason for ADD / CHANGE:

I authorize the City of Moriarty to CHANGE / ADD future utility billing information to this account as listed above.

Owner/Tenant: _____
(Please Print)

Signed: _____