

# Ronald Wastewater District

## Account Information Change Form

Property Address		Acct #	
New Owner		Former Owner	
New owner live at Property? If "NO" – Mailing Address:			
Closing Date		Balance?	Billing Period:
Escrow Company		<b>Billing Options:</b>	
Escrow Info (name, phone/case #)		Seller will pay:	
Mortgage Company		Buyer will pay:	
Caller's Name & Phone #		Buyer/Seller workout	
Comments: _____ _____			

Date Rec'd \_\_\_\_\_ By: \_\_\_\_\_ Computer \_\_\_\_\_ SVC Chg \_\_\_\_\_ Esc. Fee \_\_\_\_\_ Letter \_\_\_\_\_

## Ronald Wastewater District

### CUSTOMER SERVICE FOLLOW-UP FORM

Name _____		Acct # _____	
Property Address _____		Cycle # _____	
		<input type="checkbox"/> Back Page	
<input type="checkbox"/> <u>Agent Authorization</u> <input type="checkbox"/> Mail App <input type="checkbox"/> Owner Rqst <input type="checkbox"/> Tenant Rqst Tenant Name: _____		Fax # _____ Phone # _____	
<input type="checkbox"/> <u>Tenant Moving</u> <input type="checkbox"/> Move Date _____ <input type="checkbox"/> Quote amount owing \$ _____ <input type="checkbox"/> Change to Owner _____		<input type="checkbox"/> AA pulled <input type="checkbox"/> Remove \$1 Stmt Fee <input type="checkbox"/> Tenant Called <input type="checkbox"/> Owner Called	
<input type="checkbox"/> <u>Mail</u> <input type="checkbox"/> LISCD App <input type="checkbox"/> Billing Statement Month _____ <input type="checkbox"/> Copy _____ <input type="checkbox"/> Revised _____ <input type="checkbox"/> ACH Form <input type="checkbox"/> Duplicate Billing Owner Customer # _____ <input type="checkbox"/> History Report		<input type="checkbox"/> Remove ACH <input type="checkbox"/> Remove Duplicate Billing <input type="checkbox"/> Remove DOXO	

Date Rec'd \_\_\_\_\_ By: \_\_\_\_\_