



55 N Main Street
 Ivins, UT 84738
 435-628-0606
www.ivins.com

Release & Consent
(TO REGISTER RENTER TO HOMEOWNER'S ACCOUNT)

Completing and submitting this form initiates the mailing / emailing of a copy of the monthly utility bill to the renter.

Submit completed form via fax at 435-674-5486, or email to customerservice@ivins.com.

The original copy of the monthly utility bill is sent to the homeowner (or agent of owner* when directed by the owner).

Owner/Property Information

Name of Property Owner(s): _____ Ivins Utility Account # ____/____/____/____/____/____
 Property Address: _____ Ivins, UT 84738

Incoming Renter Information (for helpful information, we recommend viewing the Welcome Packet at ivins.com under Utilities tab)

Name of Renter: _____ & _____
 Last Name First Name(s)

Phone # of Renter: _____ - _____ - _____ 2nd Phone # of Renter: _____ - _____ - _____

Email address: _____

Effective Date: ____/____/201__ (Required)

Utility bills are sent on the first business day of each month for the prior month's services. Utility bills are not prorated.

As the property owner, or agent of owner*, listed above, I hereby request that Ivins City send a duplicate copy of the monthly utility bill to the renter in the renters' name.

1. I understand that as legal owner (or agent of owner) of said property my making this request will in no way change the terms of my contract with Ivins City regarding my responsibility for the timely payment of my utility bill. (Ivins City gladly accepts utility payments from renters without question.)
2. I understand that even though Ivins City currently provides this service they are in no way obligated to continue to do so.
3. I understand that it is my responsibility to update the renter information whenever there is a change in renters.
4. I understand that signing this form constitutes a 'blanket agreement' that grants Ivins City permission to send a copy of the monthly utility bill to this renter and any future renter until I or my legal agent notifies the City otherwise *in writing*.

Signature of Owner

X _____

Phone Number _____

Date ____/____/201__

OR Signature of Agent of Owner*

X _____

Print Name _____

Company Name _____

Phone Number _____

* Ivins City will accept the signature of a legal representative or agent of owner which, in many instances, is a property management company.

For Office Use Only: __ Created __ Linked
--