

**TOWN OF ENNIS
P.O. BOX 147
ENNIS, MT. 59729
406-682-4287
FAX: 406-682-5011**

DESIGNATED RECEIVER OF WATER/SEWER STATEMENTS

DATE _____

PROPERTY OWNER:
NAME _____

MAILING ADDRESS _____

CITY/STATE _____

PHONE # _____

NOTICE OF RESPONSIBLE PARTY FOR UTILITY SERVICE

PROPERTY ADDRESS _____

BEGINNING _____ (DATE)

NAME _____

MAILING ADDRESS _____

CITY/STATE _____

PHONE# _____

THE ABOVE NAMED RENTER WILL BE OCCUPYING THE RENTAL ON THE DATE SPECIFIED AND WILL BE RESPONSIBLE FOR ALL UTILITIES.

SIGNATURE OF PROPERTY OWNER _____