



Final reading request

PROPERTY ADDRESS

Name **currently** on bill (name transferring **out** of)

Transfer DATE

Name of renter/ owner/ agency that the bill is to be transferred **to?**

PHONE NUMBER

Mailing address if different than property address

Name of Rental Agency (if applicable)

Mailing address

DUPLICATE STATEMENTS & PAST DUE NOTICES SENT UPON REQUEST

Name of **person** requesting transfer

phone #

Fax #

EMAIL:

FINAL bill is to be mailed to?

Name

Address

City , State, Zip code

Final bills will be processed on Friday.

The due date is 15 days from the date of the bill.

All payments must be made payable to:

*City and County of Broomfield
Attention: Utility Billing
One DesCombes Dr
Broomfield CO 80020*

Please fax form to **303-438-6252**

For account **status** please call

303-438-6319 TELEPHONE

Email form to

finalread@broomfield.org

ANY CHANGES OR CANCELLATION MUST BE RECEIVED IN **WRITING**
1 BUSINESS DAY PRIOR TO CHANGE



Broomfield Code 13-12-035 provides that the owner of every property is liable for all water & sewer service associated with that property