



SOUTH BEND MUNICIPAL UTILITIES

Owner Consent Form

SUBMIT COMPLETED FORM TO:

**125 W COLFAX AVE
SOUTH BEND, IN 46601**

**EMAIL:
wwdocuments@southbendin.gov**

**FAX:
574-235-5645**

This must be either the LLC Name or the individual if not LLC owned

Put one Property address here, the rest on the next page

I, _____ (print), owner of property address _____, and/or

all addresses listed in Appendix A, hereby authorize American Midwest Realty and Property Management Company manager of aforementioned property(ies), to (please check any/all of the following that apply):

INITIATE TRANSFER TERMINATE

Identification # of Owner: EIN Number or SSN State State of LLC or the State of residency or country

Mailing address of Owner: 309 S. Logan St. South Bend, IN 46614
Most likely this should be our mailing address

I further acknowledge all of the following (please initial):

_____ *Initial*
The account may be in my name or in the name of the tenant who is occupying the property (in conjunction with the (Owner Authorization form and Tenant Application), or in the property manager's name (in conjunction with the Owner Authorization form and Tenant Application).

_____ *Initial*
I am ultimately responsible for payment of all Utilities charges at this location and the City may file a lien against my property for unpaid sewer and stormwater charges, pursuant to Indiana Code 36-9-23-32; and

_____ *Initial*
It is my responsibility to notify the Utility if/when my agreement with stated property manager expires.

_____ **OWNER SIGNATURE**

_____ **DATE**

APPENDIX A

PROPERTY ADDRESS #1

PROPERTY ADDRESS #2

PROPERTY ADDRESS #3

PROPERTY ADDRESS #4

PROPERTY ADDRESS #5

PROPERTY ADDRESS #6

PROPERTY ADDRESS #7

PROPERTY ADDRESS #8

PROPERTY ADDRESS #9

PROPERTY ADDRESS #10

ADDITIONAL ADDRESSES CAN BE PROVIDED ON A SEPARATE SHEET.