



**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**

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: _____ State _____

Mailing address of Owner: _____

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.