



**CITY OF ASHTABULA**  
**Finance Department: Service Billing**  
**Notice of Property Transfer/Request for Duplicate Bill Form**

**PROPERTY INFORMATION**

EFFECTIVE DATE: \_\_\_\_\_  
DATE OF PROPERTY TRANSFER OR CHANGE IN OCCUPANCY

SERVICE ADDRESS: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_ or SVC ACCOUNT #: \_\_\_\_\_

IS THE PROPERTY OWNER OCCUPIED: \_\_\_\_\_

*If the property is not or will not be owner occupied, the "Request for Duplicate Bill" Section must be completed in order for the occupant to receive a copy of the bill.*

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**PROPERTY OWNER INFORMATION**

**Choose one**

SELLER: \_\_\_\_\_ or BUYER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**REQUEST FOR DUPLICATE BILL**

OWNER CODE: \_\_\_\_\_ or OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE#: \_\_\_\_\_

SVC ACCOUNT #: \_\_\_\_\_ Occupant Name: \_\_\_\_\_

Change in occupancy:  NO  YES Former Occupant Name: \_\_\_\_\_

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**DEPARTMENT USE:**

Premise# \_\_\_\_\_ Route# \_\_\_\_\_ Cycle# \_\_\_\_\_ Transfer confirmed \_\_\_\_\_

Date Received \_\_\_\_\_ Date Account Updated: \_\_\_\_\_