

# Service Request

**Remuda Ridge Metropolitan District**

**District Manager: WSDM**

**614 North Tejon Street**

**Colorado Springs, CO 80903**

Instructions: Please complete this application in its entirety and email to Amber.H@WSDistricts.co. Your Social Security Number (SSN) will be used for identification purposes. Applications for utility service are typically processed within five (5) business days from the day of receipt. Denied applications will have three (3) business days to complete application requirements, denials will occur for incomplete forms turned in. You call the office at 719-447-1777, for assistance. If you do not wish to provide your SSN, we will take your application at our office location at 614 N Tejon St., Colorado Springs, CO 80903. It is the tenant's responsibility to notify the District Manager to disconnect service when moving from this location.

<b>*Check one of the following:</b>	
<input type="checkbox"/> Rental Property	<input type="checkbox"/> Owner Occupied

### Property/ Owner(s) Information

Service Address	Closing/ Move-in Date:
	Name of Landlord/ Property Manager (Printed)
*Please indicate if you would like your bills sent to the email you provide. Doing so, you will not receive a paper bill in the mail.	Email: Receive E-Billing: (please circle) YES or NO
Landlord/ Property Manager/ Owner Signature	*Contact Phone Number: ( ) -

### Resident Information

*Legal Last Name	*First Name	M.I.
*Social Security Number (last four digits) _ _ _ _	*Date of Birth	
*Phone Number ( )	*Previous Address	
*Mailing Address (if different from service address)		

\*Denotes a Required Field

### Third Party Notification

I authorize the District Manager to send a duplicate Notice of Late payment to the Landlord/ Property Manager	
Customer Signature	

### Emergency Contact (residing in the United States, over the age of 18)

Name	Phone Number ( )
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(Turn Over: Continued on Back)

**Service Request**

- Transfer of Ownership Account
- Transfer of Rental Account
- Other ( Please Explain)

I hereby certify that I have read the information on this form and understand its contents, and that the statements I have made are accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

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

If you choose to email your application, you willingly accept all risks related to intercept, misaddressed, misdelivered or otherwise unsecured transmissions.

Phone (719) 447-1777  
Customer Service: Mon. -Fri. 8:00 a.m. to 5:00 p.m.  
Address: 614 North Tejon St. Colorado Springs, CO 80903

**For office use only:**

Account Number: _____
Approved Date: _____
Notes: _____