



City of Aurora, Illinois

Water Billing Division Finance Department 44 E Downer Place Aurora, IL 60507-2067
Phone (630) 256-3600 FAX (630) 256-3609

MANAGEMENT COMPANY REQUEST OWNER INFORMATION

Name of Current Owner: _____

Service Address of Property: _____

Owners Forwarding Address: _____

I/we hereby authorize The City of Aurora to release to my/our Management Company agent, any and all information pertaining to the water account for the above service address.

Owner's signature: _____ **Date:** _____

PLEASE PROVIDE LISTING AGREEMENT OR ASSIGNMENT LETTER

AUTHORIZED AGENT INFORMATION

Name of Management Company: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ FEIN#: _____

Email Address: _____

Responsible as of this date: _____

Account Password: _____ Password Hint: _____

- I would like to be setup on E-Notification using the email address provided
- I would like a fax providing me with my account number for billing purposes
- Please fax back a detailed billing history showing any outstanding balance

All forms must be returned with a listing agreement or assignment letter and the Release and Waiver of Liability form.

Please allow 5 business days for your request to be processed. Incomplete forms will cause a delay in processing.