

**Owners Utility Billing  
Verification of Address Form  
/Authorized Agent Change of  
Services Request**



The Mayor & Council of Middletown  
19 West Green Street  
Middletown, DE 19709-1315  
Phone: 302-378-1171  
Fax: 302-378-5675  
www.middletown.delaware.gov  
rentals@middletown.delaware.gov

**Property Owner Information - Please Print Legibly**

Owner Name: (Person signing below) \_\_\_\_\_ Title: \_\_\_\_\_

Additional Owner / (Business) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Rental property service address: \_\_\_\_\_

Owner(s) (Physical) address: \_\_\_\_\_

Unit / Apartment #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(P.O. Box will not be accepted. Physical address required)

Mailing Address: (If different) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

I am the Owner: \_\_\_\_\_; verifying the water and sewer bills will be sent to: (check only one) mailed \_\_\_\_\_; or, e-mailed \_\_\_\_\_,  
to the referenced information, as of this date: \_\_\_\_\_. (Only one (Owner or Agent) can have the utility bills sent)

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Signature (Owner) / Print Date

\_\_\_\_\_  
Signature (Owner) / Print Date

**Property Management Company Information – Authorized Agent Information Only** **Please Print Legibly**

Authorized Agent Name: (Person signing below) \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Bus. Address: \_\_\_\_\_  
(P.O. Box will not be accepted. Physical address required)

Bus. Mailing Address: (If different) \_\_\_\_\_

Middletown Business License #: \_\_\_\_\_ Delaware State Business Lic. #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ 24 Hr. #: \_\_\_\_\_

I am the Agent; \_\_\_\_\_; verifying the water and sewer bills will be sent to: (check only one) mailed \_\_\_\_\_; or, e-mailed \_\_\_\_\_,  
to the referenced information, as of this date: \_\_\_\_\_. (Only one (Owner or Agent) can have the utility bills sent)

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

\_\_\_\_\_  
Signature (Authorized Agent) / Print Date

\_\_\_\_\_  
Signature (Owner) / Print Date

Town of Middletown Billing / Inspections Department use: RP #: \_\_\_\_\_ - \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please send a copy to the License and Inspection department or billing department for the updating of the rental records REV. 6.1.21