



PAYMENT & UTILITY BILLING DIVISION
CITY OF NEWARK

220 South Main Street · Newark, Delaware 19711
302.366.7000 · Fax 302.366.7169 · www.newarkde.gov

Property Certification Form

Tenant Information

Tenant's Name: _____ Date: _____
Last First M.I.

Service Address: _____
Street Address Unit#

Email Address: _____

Landlord Contact Information

Name of Landlord: _____

Phone: _____

Address: _____

Email Address _____

Lease Information

Lease Info: START DATE: _____ END DATE: _____

Additional Tenant(s): _____

By signing below, I certify that the above information is true and accurate. I understand that failure to provide accurate information or a lease copy could result in interruption of electric service.

Landlord Print Name Date

Signature

Tenant Print Name Date

Signature