



PAYMENT & UTILITY BILLING DIVISION
CITY OF NEWARK

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

AFFIDAVIT - Additional Mailing Address Request – Water Service / Rental Property

Mailing Information for Tenant

Tenant's Name: _____ Date: _____

Leave blank for standard, Last First M.I.
"c/o Tenant"

If you would like the tenant's name to appear on the bill, please enter lease

dates: Lease Start Date: _____ Lease End Date: _____

Service Address: _____
Street Address Unit#

Email Address: _____

•Please list additional properties on the reverse side•

Landlord Contact Information

Name of Landlord: _____

Phone: _____

Mailing Address: _____

Email Address: _____

Mailing Preference (Select one)

- Send all correspondences to both landlord and tenant.
- Send all bills and letters to tenant. *Send landlord final notice copies.
- Send all bills and letters to tenant. *Send landlord final notice &/or letter copies.
- Send all correspondence to tenant. I fully understand that my tenant is remitting payment for a utility bill that I am listed as the responsible party.

*Not available through eBilling.

By signing below, I certify that the above information is true and accurate. I understand that the above selections do not remove my responsibility as the utility account holder.

Landlord Print Name

Date

Signature

Additional Service Addresses for "C/O Tenant"

Street Address

Unit#

Street Address

Unit#

Street Address

Unit#

Street Address

Unit#

Street Address

Unit#

Street Address

Unit#

Street Address

Unit#

Street Address

Unit#

Street Address

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Unit#