



CITY OF GALLUP

Revert

Please complete this form, sign it and return to the Customer Care window.
You may also e-mail this form to utilities@GallupNM.gov.

Account Number to be Billed

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| - _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Please indicate your role (choose one)

Owner Landlord Property Manager

Requestor Information

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Last

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
City State Zip or Postal Code

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Contact Phone

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
E-Mail

Please revert the utilities back to the above-listed account at the following properties when a tenant vacates.
NOTE: Services will NOT be reverted if utilities are shutoff for non-payment.

Service Address 1 LID
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Service Address 2 LID
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Service Address 3 LID
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Service Address 4 LID
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Service Address 5 LID
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

I am the authorized signer on the account to which the utilities will revert.

X _____
Customer Signature

Date Signed
_____|_____| _____|_____| _____|_____|
Month Day Year

Received By:

Date Received
_____|_____| _____|_____| _____|_____|
Month Day Year

IT Request Completed By:

Date Completed
_____|_____| _____|_____| _____|_____|
Month Day Year

Customer Information

Office Use Only