



October 8, 2009

RHT Ltd LLC
Attention: Manager
305 W Magnolia St PMB 178
Fort Collins, CO 80521

Dear Manager,

Fort Collins Utilities is working hard to protect our customers' identities from theft.

As part of this effort, and due to new federal regulations, Fort Collins Utilities now requires our customers to validate their identity prior to establishing or changing utility service.

We have changed our service application and termination forms to include new information to help us validate identity. Please begin using the enclosed forms immediately. After November 1, we will no longer accept previous versions of the forms, since they don't include the information we now require from customer account holders.

In addition, please note that our fax number has changed. It is 970-416-2066.

Your tenants may find it more convenient to complete their service applications online at www.fcgov.com/utilities. They just need to click on the "Start/Stop Service" link to access this secure online service.

Please contact me at 970-416-2018 if you have any questions or concerns. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Vicky Peil".

Vicky Peil
Customer Service Lead
Fort Collins Utilities
970-416-2018
vpeil@fcgov.com

Phone: (970) 212-2900
 Fax: (970) 416-2066
 www.fcgov.com/utilities
 Business Hours: 8am-5pm M, T, TH and F; 10am-5pm Wed

Activation Request



Service Address <i>(Please include UNIT number)</i>		Services Requested () Electric () Water/Sewer	Start Date*
Zip			
Applicant's Name: <i>Last Name</i> <i>First Name</i> <i>M.I.</i>			Date of Birth
Social Security Number	Place of Employment/Student Status	E-mail Address	
Primary Phone Number	Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary Phone Number	Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Previous Service Address <i>(Please include UNIT number)</i>	City	State	Zip
Mailing Address <i>(If different then service address)</i>	City	State	Zip
Co-Applicant's Name: <i>Last Name</i> <i>First Name</i> <i>M.I.</i>		Relationship	Date of Birth
Social Security Number	Place of Employment/Student Status	E-mail Address	
Primary Phone Number	Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Secondary Phone Number	Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fort Collins Utilities Office Use Only			
Customer # _____		Premise # _____	Co-App # _____
S.O.# _____		Initials _____	Date _____

Termination Request

Service Address <i>(Please include UNIT number)</i>	Termination Date *
Zip	
Fort Collins Utilities Office Use Only	
Initials _____	Date _____
Premise # _____	S.O. # _____
Applicant's Signature _____	
Date _____	
Leasing Office Use Only	
Contact Name _____	Phone _____
Fax _____	

A service charge is assessed on all new accounts and will appear on your first utility bill. An additional charge for a water turn-on may be extra. No deposit is required, but Fort Collins Utilities reserves the right to request one. If services are requested after normal business hours, an after-hour service charge will be assessed in place of the connection and turn-on fee.

* Service requests must be dated 24 hours in advance of beginning and terminating utility services. Please note, Monday through Friday only; applications with backdated requests will not be processed.

Failure to complete all blanks on application may delay utility service and billing.

Phone: (970) 212-2900
 Fax: (970) 416-2066
 www.fcgov.com/utilities
 Business Hours: 8am-5pm M, T, TH and F; 10am-5pm Wed

Termination Request



Service Address <i>(Please include UNIT number)</i>			Termination Date*		
Zip					
Applicant's Name: <i>Last Name</i> <i>First Name</i> <i>M.I.</i>				Date of Birth	
Social Security Number		Place of Employment/Student Status		E-mail Address	
Primary Phone Number		Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Secondary Phone Number	
				Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Forwarding Address For Final Bill <i>(Please include UNIT number)</i>			City		State
					Zip
Co-Applicant's Name: <i>Last Name</i> <i>First Name</i> <i>M.I.</i>				Relationship	Date of Birth
Social Security Number		Place of Employment/Student Status		E-mail Address	
Primary Phone Number		Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Secondary Phone Number	
				Cell Home Work <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Applicant's Signature _____		Date _____	
Leasing Office Use Only			
Contact Name _____			
Office Phone _____		Office Fax _____	
Fort Collins Utilities Office Use Only			
Customer # _____		Premise # _____	
		Co-App # _____	
S.O.# _____		Initials _____	
		Date _____	

The customer shall be financially responsible in any event for service rendered until the final meter reading is obtained. Further, such request does not relieve the customer in any way from any minimums or payments guaranteed under the customer's service contract. Failure to pay final payment for any reason will result in Fort Collins Utilities turning the account over to a collection agency.

* Customer desiring to discontinue utility service should request a termination three days prior to desired discontinuance date. Please note, Monday through Friday only; applications with backdated requests will not be processed

Failure to complete all blanks on form may delay utility service termination & final billing.