



**City of Robbinsdale
Utility Billing
Move Form: Updated 02/28/2024**

Site Address _____

Date of Call: _____

Property Type _____

(SFH, duplex 2 SEP, 2 CONS, commercial)

Name of Caller _____

Phone #: _____

Who is Requesting? Current Owner

Foreclosure Company

New Buyer

Other

Title Co.

Reason? Sale

Closing Date: _____

(REQUIRED)

Change of Billing Address

**Title Company/
Closing Agency:** _____

Contact #: _____

INFORMATION ABOUT SELLER:

Forwarding Address :

Name _____

Street _____

City, State, Zip _____

Phone # _____

INFO ABOUT BUYER:

Name(s) _____

Is this a single family home? Yes / No

Was this property a rental? Yes / No

Will new owner reside in the home? Yes / No

Remove Rental Status? Yes / No

Billing Address (if different): _____

Email Address: _____

Phone #: _____

OFFICE USE ONLY:

Acct#: _____

Finalized

MXU: _____

Scan/FWD to BD

Date Read: _____

*Notice: if this is a commercial account, verify

Final Read: _____

the billing items for sales tax and HC tax