



Resident Contact Form

Name(s) of Owner: _____

Phone: _____ Email: _____

Additional Contact Information: _____

Mailing Address: _____

Physical Address: _____

Preferred Contact Method for Utility Billing (Select One): MAIL EMAIL

Is the property rented? YES / NO If yes, name(s) of renter: _____

Phone: _____ Email: _____

Additional Contact Information: _____

Mailing Address: _____

Do we have your permission to send a copy of the utility bill to the renter? YES / NO

Signature & Date of Homeowner(s):

Signature & Date of Renter(s) (if applicable):

*** DISCLAIMER *** For official use only. The Town of Galena will not provide your information to anyone, for any reason, without your consent. For any questions, please contact the office.