

City of Victor

P.O. Box 122  
32 Elm Street  
Victor, Idaho 83455



Phone (208) 787-2940  
Fax (208) 787-2357  
Email: carig@victorcityidaho.com

City of Victor  
Rental Transfer  
Address for Water &/or Sewer Service

**DUE TO NEW CITY POLICY:**

**UTILITIES OF A RENTAL &/OR A LEASE WILL STAY IN THE OWNERS NAME AND ADDRESS.  
VALID PHOTO ID WILL BE REQUIRED FOR SERVICES**

**Property Location:**

Street Address: \_\_\_\_\_ Subdivision & Lot#: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

**Renter Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Drivers License# \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

**Property is:** (check all that apply)

New Construction: \_\_\_ Commercial\_\_\_ Residential\_\_\_

Starting Date on Property \_\_\_\_\_

**ALL OUTSTANDING BALANCES MUST BE PAID BEFORE SERVICES WILL BE TRANSFERRED TO THE  
NEW OWNER OR RENTER, AND BEFORE SERVICES WILL BE TURNED ON BY THE CITY OF VICTOR.**

\_\_\_\_\_  
Printed Owners Name

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Renters Name

\_\_\_\_\_  
Signature of Renter

\_\_\_\_\_  
Printed Name of City Staff

\_\_\_\_\_  
Signature of City Staff