



# City of Basehor

1600 N. 158<sup>th</sup> St – P.O. Box 406, Basehor, KS 66007  
913-724-1370/info@cityofbasehor.org/www.cityofbasehor.org

## Landlord Contact Information

Service Address(es): \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Management Company Name: \_\_\_\_\_

Management Company Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Who is responsible for the monthly bill? **Tenant** **Owner** **Management Co** (circle/highlight choice)

When the property is vacant, who is responsible for the utility bill? Owner **Y or N**/Mgmt Co **Y or N**

By signing this form I understand that I am informing the City of Basehor that the contact information is the most current information. I understand it is my responsibility to inform the City of Basehor of any future changes to their account(s) in the way of contact information, tenant moving out/in, rental is vacant, for sale, etc. I understand that when the home is vacant the utility bill will be placed back into the owner's/management company's name and I that I will be responsible for the utility bill.

**\*\*\*\*FAILURE TO CONTACT THE CITY DOES NOT WAIVE ANY BALANCES OR PENALTIES\*\*\*\***

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Title \_\_\_\_\_