City of Laramie
Administrative Services
P.O. Box C
Laramie, Wyoming 82073

City of Laramie
Third-Party Notification

Date:_____

Account Number:_____ - _____

Owner of Property: _____

Address of Service:_____

Owner's Contact Phone Number:_____

Name and Address of third-party notification:

Name: _____
Address:_____
_____
Third Party Contact Phone Number: _____

Owner's Signature: _____ Date: _____

Please return this form to: The City of Laramie
Administrative Services
PO Box C
Laramie, WY 82073

Owner Verified: _____	Date _____
HTE Changed by: _____	Date _____