



TapWatch® Written Notice of Transfer to a Different Submetering Billing Company

Date transfer to occur:

Property Owner Information			Property Site Information		
Primary Contact:			Primary Contact:		
Company:			Site Name:		
Phone #:			Phone #:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
From here forward referred to as, "The Property Owner."			DCC/RDL/Gateway Location:		
			Please fill out the applicable field below:		
			DCC Modem #:		
			RDL Serial #:	Modem # (if used)	
			Gateway Authorization Code:		
			This Property is 100% Built Out: Yes <input type="checkbox"/>		
NEW Billing Service Company			Former Billing Service Company		
Primary Contact:			Company:		
Company:					
Phone #:					
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Company: _____ End Date: _____

By checking the box at right, I authorize Inovonics to process an order and initiate the generation of a site health report for this property, ordered as accessory ACCSHR site health report, and billed at our current price list rate.
Reference PO #: _____

The completion and submission of this document to Inovonics is considered to be written notification to Inovonics that **the Property Owner** has elected to use a **new** billing service provider, and that Inovonics is permitted to change the passwords in the DCC/RDL, if needed, to allow the new billing service provider to have access to the site Data Collector Concentrator (DCC) or Remote Data Logger (RDL) used to collect meter readings for submetering as of the date of transfer listed above. This is acknowledgement that the DCC/RDL is not the property of the former billing service company.

Please note that it is the responsibility of the property owner to notify the former billing service provider of this change. Such communication to the former provider is an important part of a successful and trouble-free transition of your services and technical support of the TapWatch equipment.

Property Owner Officer:	Billing service provider:	Inovonics representative:
Print Name:	Print Name:	Print Name:
_____	_____	_____
Signature:	Signature:	Signature:
_____	_____	_____
Title:	Title:	Title:
Date:	Date:	Date: