

Service Request

Wildgrass at Rockrimmon Metropolitan District

Professionally Managed by
WSDM, LLC
614 North Tejon Street
Colorado Springs, CO 80903

Instructions: Please fill out this application in its entirety and email a completed copy to brenda.j@WSDistricts.co to request new service or a change in service. This Service Request facilitates the creation of a billing account in your name, as such your Social Security Number (SSN) is required and will be used for identification purposes. If you prefer not to provide your SSN, your application may be submitted in person, at the Management office, with identification presented and verified. Applications for service are typically processed within five (5) business days from the date of receipt. Incomplete forms will be denied, and resubmittal required. Accounts are held by the Owner of real property within the community boundaries, not by tenants or third parties. If the property is not Owner occupied, the tenant(s) or other third-party property managers may be listed as additional contacts on the account.

Contact Management at (719) 447-1777 with questions regarding or for assistance with completing this form.

Property Owner(s) Information:

*Owner Name (first & last):	Additional Owner Name (first & last) – if applicable:
*Property / Service Address:	*Closing / Purchase Date:
*Owner Phone Number:	*Owner Email Address:
*Social Security Number (last four digits):	*Date of Birth:
Owner's Mailing Address (if different from service address):	*Owner's Previous Address:

*Is this property occupied by the Property Owner?

☐ Yes, Owner occupied. ☐ No, leased to a Tenant.

Tenant(s) Information:

Tenant Name (first & last):	Additional Tenant Name (first & last) – if applicable:
Lease / Move-In Date:	I would like the tenant to receive a copy of important District information or Notices sent. <input type="checkbox"/> Yes, please copy my Tenant. <input type="checkbox"/> No, I will forward applicable information.
Tenant Phone Number:	Tenant Email Address:

Have you provided all Governing Documents, Covenants, Design Guidelines, Rules and Regulations to your Tenant(s)?

☐ Yes, they are familiar with the Governing Documents and have been provided copies.
☐ No, I accept responsibility for violations and fines that may occur due to lack of information.



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(719) 447-1777
Mon. - Fri. 8:00 a.m. to 5:00 p.m.

*Is this property managed by a Property Manager or other third-party?

☐ Yes, I have a Manager.

☐ No, I oversee the Tenant(s) directly.

Property Manager(s) Information:

Management Company Name:	Management Point of Contact Name:
Management Company Office Address:	Point of Contact Phone Number:
I would like the Manager to receive a copy of important District information or notices sent. <input type="checkbox"/> Yes, please copy my Manager. <input type="checkbox"/> No, I will forward applicable information.	Point of Contact Email Address:

Emergency Contact (residing in the United States and over the age of 18):

Full Name:	Phone Number:
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***Service Requested:**

☐ Transfer of Service (resale / new Owner)

☐ Establish New Service (new construction)

☐ Other (please explain)

I hereby certify that I have read the information on this form and understand its contents, and that the statements I have made herein are accurate and true to the best of my knowledge.

*Applicant Signature: _____ Date: _____

Should you choose to email your application, you willingly accept all risks related to intercept, misaddressed, misdelivered or otherwise unsecured transmissions.

***Denotes a Required Field**

For office use only:

Billing System:	<input type="checkbox"/> UMS	<input type="checkbox"/> CINC	<input type="checkbox"/> N/A
Account Number:			
Date Processed:			
Notes:			



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