

RENTERS OCCUPANCY FORM

Date _____ Account Number _____

Owners Name _____

Owners Address _____

City _____ State _____ Zip _____

Phone Number () _____ - _____

RENTAL PROPERTY

Lot Number _____

Rental Address _____

City _____ State _____ Zip _____

RENTER

Date Rented _____ Meter Reading _____ Date Read _____

Name _____ Phone _____

Date Vacated _____ Meter Reading _____ Date Read _____

THE RENTER WILL NOT RECEIVE A WATER BILL IF THIS FORM IS NOT COMPLETED AND RETURNED.

Please be advised that a new form must be completed **each time** you have a renter, otherwise a bill will only be sent to you, the owner. Additional forms will be available at the District Office, or you may call and one will be mailed to you.

Collection action will begin on any balance that is over 60 days past due.

As an Owner of the Property mentioned above, I request that my renter receive a monthly bill, in addition, I will receive a notice of delinquency if my rental property becomes past due. I understand that should the renter default, I, being the owner, am responsible for any charges incurred by my renter.

I have read the enclosed Policy # 1140 / Water Services Regulations and agree to abide by them.

Manager / OWNERS SIGNATURE _____ DATE _____