Tenant Authorization Form

Date: _____ Account # _____

Service Address: _____

Property Owner Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____ Email Address: _____

As the owner of the property located at the service address listed above, I hereby authorize the Irish Beach Water District to provide water service account information relative to the subject property, including monthly water service billings to the following individual(s).

Please transfer the billing for the subject property to the tenant listed below effective (*move-in date*): _____

Name of Tenant(s): _____

Tenant's Mailing Address: _____

Phone Number: _____ Email Address: _____

By signing below, I acknowledge that as owner of the property listed in the service address above, I am responsible for all fees and charges associated with said property. If my tenant does not pay the water service bill and the account becomes delinquent, or the tenant moves out, I am solely responsible for the account balance.

Signed: _____ Date: _____