

AUTHORIZATION TO BILL TENANT

Date: _____

TO: Lower Lake County Waterworks District No. 1
16254 Main Street/PO Box 263
Lower Lake CA 95457-0263

RE: Service ID: _____

Service Address: _____

I, _____ as the legal owner of the property listed above, hereby authorize the Waterworks District to send my water service billings to my tenant(s).

Tenants Name(s): _____

Tenant's Mailing Address: _____

Tenant's Phone Number _____

As the legal owner of this property, I understand that I will remain responsible for all charges incurred for water service as well as any Turn-off or Turn-on fees assessed if service should be terminated for nonpayment of the charges.

Property Owner's Signature: _____

Mailing Address: _____

(Please Print)

Phone Number: () _____

Owners Account No. _____

Tenant's Account No. _____

* Tenant will be required to pay a non-refundable Transfer Fee and Complete an Application For Service