

TENANT AUTHORIZATION

To allow someone other than you (the Benefit Unit Owner) to receive the monthly water bill, please provide the current occupant information and sign below.

Benefit Unit Number:		
Occupant:		
Mailing address:		
City:	State:	Zip:
Contact phone number(s):		

Effective Date: _____

I authorize Cherokee Co. RWSG & SWM District #16 to mail billing statements to the above address. I further understand that if the deposit is not sufficient to cover the final bill, I, as the Benefit Unit owner, am responsible for any charges on the account. After the final bill is figured, if my tenant does not pay within ten (10) days, the District will look to me for payment IN FULL. This past due bill MUST be paid to avoid possible disconnection and forfeiture of the Benefit Unit and before another renter can be listed.

I further understand that it is my responsibility to notify the Water District when a renter moves in or out.

Benefit Unit Owner:	
-	(Print Owner Name)

Signed:_____

(Benefit Unit Owner)

Date:

 \Box Please check this box if you would like to receive a duplicate monthly statement via email and print your email address below: