



WATER &/or SEWER AUTHORIZATION FORM

RENTAL PROPERTY SERVICE ADDRESS: _____

PROPERTY OWNER(S)

Name(s): _____

Mailing Address: _____

Telephone Number: _____

Email &/or Fax: _____

MANAGEMENT AGENCY (if applicable)

Agency Name: _____ Agency Address: _____

Contact Name: _____

Telephone Number: _____ Email &/or Fax: _____

- PLEASE CHECK IF THE MANAGEMENT AGENCY IS FOR EMERGENCY CONTACT ONLY.

TENANT(S)

Name(s): _____

Mail Address: _____

Telephone Numbers: _____

Email &/or Fax: _____

This Billing Authorization does not waive any owner's responsibility for payments on their account and to remain responsible even when tenant occupied. The Town of Nederland **WILL NOT** seek collection from any previous tenant or Management Agency. Water service is subject to shut off after an account is 90 days and \$75 past due per Town Policy. See attached document for further information as to owner responsibility.

ACKNOWLEDGEMENTS:

LANDLORD(S)

I (we) acknowledge receipt of the Notice to Landlords and Tenants Regarding Rental Property, and agree to the terms and the conditions set forth therein:

Property Owner(s) Signature(s) _____ Date: _____
_____ Date: _____

TENANT(S)

I (we) acknowledge receipt of the Notice to Landlords and Tenants Regarding Rental Property, and agree to the terms and the conditions set forth therein. I (we) authorize the Town of Nederland to release billing account information to the Landlord:

Tenant(s) Signature(s) _____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

TO BE COMPLETED BY TOWN OF NEDERLAND WATER/SEWER BILLING DEPARTMENT

ACCOUNT #: _____ ACCOUNT BALANCE: _____

TENANT NAME(S) ADDED TO ACCOUNT BY: _____ DATE: _____
