



Owner/Tenant Billing Agreement

Please return this completed application to Citrus Heights Water District
6230 Sylvan Rd, Citrus Heights CA 95610-5610
PO Box 286, Citrus Heights CA 95611-0286
Fax (916) 725-0345 Voice (916) 725-6873

Date of Application: _____ Effective Date: _____ Location ID#: _____

Service Address: _____

I request the billing for water service as identified above, be mailed to:

Tenant Information

Please Print Clearly

Tenant Name: _____

Mailing Address: _____
(if different than Service Address)

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Owner Information

Prop Owner CID#: _____

Property Owner: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

By State Law, Citrus Heights Water District (CHWD) looks to the land that received the service for payment. For this reason, CHWD requires the Owner to keep the account in their name, but as a courtesy, CHWD will bill their tenants. As a result, CHWD requires a deposit, in the amount of \$165.00, on all locations that are tenant occupied and are billed to the tenant as directed on the Owner/Tenant Agreement. It is the responsibility of the Owner to pay the deposit. The deposit will be retained for the duration of this agreement and any subsequent Owner/Tenant Agreements until the bill is changed back into the Owner's name. At that time, the Owner must make a written request for the refund of the Deposit balance. Any outstanding balance on the account must be paid in full prior to the refund. Interest will be credited to the deposit account on a monthly basis.

If the Tenant fails to pay any outstanding balance, the Owner may be responsible for any past due amount and any additional fees that have been incurred, including late-payment penalties, turn-off notice service charges and a Disconnect/Reconnect service charge as set forth in the District's current *Water Rates and Miscellaneous Charges and Fees*. The District also has the right to place a Certificate of Sale on the parcel or pursue other collection opportunities

I have read and consent to the terms of this agreement, including payment of the required deposit to complete this process.

Property Owner's Signature

Date

For use by CHWD only

Account # _____ Tenant CID#: _____ Date App Received: _____

App Rcv'd by: _____ SO #: _____ Date of S/O: _____

Mtr Read by: _____ Reading: _____ Date of read: _____

Completed by: _____ Date S/O Completed: _____