

# Idyllwild Water District

P.O. Box 397, Idyllwild, CA 92549 • (951) 659-2143 • (951) 659-9990 Fax

## Application for Tenant Service

The undersigned is the owner, one of the owners or the property manager of that certain property having the street address \_\_\_\_\_ - Idyllwild, CA. I am authorized to make the following request on behalf of all owners of the above-described property. As the applicant or agent for water service (and sewer service if applicable) to address. I acknowledge that I am solely responsible for all unpaid bills for water and/or sewer service. However, by this application, I hereby request that the Idyllwild Water District send all bills for water and or sewer service to my tenant or agent at the said address. In the event the tenant or agent does not pay, I hereby agree to promptly pay all delinquent bills including penalties as stated in the District's Rules and Regulations. I further understand that should this account become delinquent the service will be discontinued, additional charges will be levied and all unpaid charges will become a lien on the property. To enjoy the benefits of this program, I further acknowledge and agree that I must promptly advise you at such time as my tenant vacates the premises or my agent no longer manages the above-mentioned address. If I have a new tenant, I understand that I will need to renew this application.

The name, mailing address and phone number of my tenant is as follows:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE (CA), ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_

Printed Name of Property Owner or Agent \_\_\_\_\_

Owner's/Agent's Signature \_\_\_\_\_

Owner's/Agent's Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code / Telephone Number \_\_\_\_\_

Tenant moved in: \_\_\_\_\_

Received: Idyllwild Water District

By: \_\_\_\_\_ Date: \_\_\_\_\_

Application fee: \$50.00 Paid by: \_\_\_\_\_ Owner \_\_\_\_\_

Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Added to Account \_\_\_\_\_

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