***AUGUSTA WATER***

***OWNER AUTHORIZATION FORM***

***AUTHORIZING TENANT/OCCUPANT TO OBTAIN WATER/SEWER SERVICE***

***PO Box 859, Verona, VA 24482-0859 ♦ Phone: 540-245-5681 ♦ Fax: 540-245-5603***

|  |  |
| --- | --- |
| **Service Address:** |  |
| Owner Name(s): |  |
| Mailing Address: |  |
| City, State, Zip: |  |
| Telephone Number: |  |
| Cell Number: |  |
| **Tenant Name:** |  |
| **Tenant Address:****(if different from Service Address)** |  |
| **Account Number:** |  |
| **Tenant Move in Date:** |  |

This agreement authorizes Augusta Water to provide water / sewer service to the above tenant and place the account in tenant's name.

Augusta Water must receive an Owner Authorization Form prior to establishing a tenant’s service. Under no circumstances will a tenant's service be established without a completed Owner Authorization Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner/Agent Signature |  | Owner/Agent Printed Name |  | Date |