



**APPLICATION FOR SERVICE
READ AND LEAVE ON LANDLORD AGREEMENT**

ACCOUNT NO. _____

- 1). _____, state that I am the _____ of the property located at _____ . (Multiple addresses can be listed on page 2)
- 2). We further state that this property will be rented and that the tenants will be responsible for furnishing their own utilities.

Upon request from the tenant to have service discontinued, I hereby authorize Georgetown Municipal Water & Sewer Service to bill the service to the name listed below until such time as a new tenant applies for service. I will accept responsibility for all amounts billed to the name listed below and shall pay said amount by the due date indicated on each bill. Upon discontinuance of service to a tenant for non-payment of said tenant's utility bill, the account will remain off service until such time as **(1) the delinquent balance is paid in full by the tenant and service is re-established in the tenant's name or (2) I authorize the service to be transferred into my name. I further agree to advise Georgetown Municipal Water & Sewer Service any time that the tenant has vacated the property.**

I further agree to notify Georgetown Municipal Water & Sewer Service if I sell the property listed above so that it may be deleted from my Landlord Agreement. I will otherwise take responsibility for the bill at this address until I have notified Georgetown Municipal Water & Sewer Service of any changes.

I authorize Georgetown Municipal Water & Sewer Service to transfer only delinquent balances that may occur while the account is in the landlord's name to Account Number

_____, located at the following address _____

If no account exists, Georgetown Municipal Water & Sewer Service will transfer to the first active account.

Failure to pay balances in a timely manner could result in my property being removed from this agreement by Georgetown Municipal Water & Sewer Service.

Per the Agreement all interim usage should be billed in the following name and mailed to the address listed below:

City, State, Zip

Name (as it appears on bills)

Phone Number

**Social Security Number(s)
OR Tax ID Number(s)**

Mailing address

City

State

Zip

**Rental Properties Listing
(Please Type or Print)**

Service Address

Service Address

*****If you do not want service left on automatically, please initial here _____
(You will be able to call in when you would like service started in your name.)**

By signing and dating this document, you are verifying the information is correct.

Landlord's Signature

Date

Name of contact person

Accepted by: GMWSS Rep