

Owner/Management 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

Email Custserv@chwd.org

Date of Application:	Effective Date:	Account Number:	
Service Address:			
I request the billing for water service	as identified above, be mailed to:		
	Management Information		
Please Print Clearly			
Management Name:			
Contact Name:			
Mailing Address:			
City:	State:	Zip Code:	
Phone #1:	Phone #2:		
	Owner Information		
Property Owner's Account Number:			
Property Owner:		Home Dhane:	
· · · —		Home Phone:	
Mailing Address: City:	State:	Work Phone: Zip Code:	
keep the account in their name, but as a	trict (CHWD) looks to the land that received the service for payma courtesy, CHWD will bill their Management Company. The amy and may result in termination of service and additional service	ount due, if unpaid by the due date, could	
have been incurred, including late-paym Rates and Miscellaneous Charges and	y any outstanding balance, the Owner may be responsible for an ent, turn-off notice charges and a Disconnect/Reconnect service Fees. The District also has the right to place a Certificate of Lie call (916) 725-6873 to check the status of their account(s). terms of this agreement.	e charge as set forth in the District's current Water	
December	Oursels Circulus	Data	
Property	Owner's Signature For use by CHWD only	Date	
Mgmt CID#:	Cycle:	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:	