



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: hello@chwd.org

Date of Application: _____ Effective Date: _____ Account Number: _____
(For use by CHWD only)

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: _____

Management Company's Email Address: _____

Owner Information

Property Owner's Account Number: _____

Property Owner: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

Property Owner's Email Address: _____

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 Management Company. The amount due, if unpaid by the due date, could potentially become a lien on the property. Per Policy 7170.01: Past due bills not paid by authorized representative will be transferred back to the property owner after 3 months past due.

If the Management Company fails to pay any outstanding balance, the Owner will be responsible for any past due amount and any additional fees that have been incurred, including late-payment, 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 Lien on the parcel or pursue other collection opportunities. Owners are welcome to call (916) 725-6873 to check the status of their account(s).

I have read and consent to the terms of this agreement.

Property Owner's Signature

Date

For use by CHWD only

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: _____