



# 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](mailto: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 and may result in termination of service and additional service charges.

If the Management Company fails to pay any outstanding balance, the Owner may be responsible for any past due amount and any additional fees that have been incurred, including late-payment, turn-off notice charges and a 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: \_\_\_\_\_