

Cycle:

Owner/Tenant Billing Agreement 2024

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:	Tenant's Account Number:	
Date of Application.	Lifective Date.		(For use by CHWD only)
Service Address:			
I request the billing for water	er service as identified above, be mailed to:		
	Tenant Information		
Please Print Clearly			
Tenant Name:			
Mailing Address: (if different than Service Address)			
City:	Sta	ite: Zip	Code:
Phone #1:	Phone #	‡ 2:	
Tenant's Email Address:			
	Owner Information		
Property Owner's Account Number:			
Property Owner Name:		Home Phone:	
Mailing Address:		Work Phone:	
City:	Sta	te: Zip	Code:
Property Owner's Email Address:			
keep the account in their nam locations that are tenant occu deposit. The deposit will be rethe Owner's name. At that tin must be paid in full prior to the lf the Tenant fails to pay any cincurred, including late-paymeright to place a Certificate of L	Water District (CHWD) looks to the land that received the service for partie, but as a courtesy, CHWD will bill their tenants. As a result, CHWD repied and are billed to the tenant as directed on the Owner/Tenant Agreetained for the duration of this agreement and any subsequent Owner/Tene, the Owner must make a written request for the refund of the Deposite refund. Interest will be credited to the deposit account on a quarterly coutstanding balance, the Owner may be responsible for any past due are penalties, as set forth in the District's current Water Rates and Miscoulier on the parcel or pursue other collection opportunities. Past due bills a past due per Policy 7170.01.	equires a deposit , in sement. It is the responsement and the responsem	the amount of \$224.00, on all onsibility of the Owner to pay the ntil the bill is changed back into nding balance on the account onal fees that have been and Fees. The District also has the
	the terms of this agreement, including payment of the required dep	oosit to complete thi	s process.
		·	•
	Property Owner's Signature		Date
	For use by CHWD only		
Account #	Tenant CID#:	Date App Re	ceived:
App Rcv'd by:	SO #:	Date	of S/O:
Mtr Read by:	Reading:	Date o	of read:

Date S/O Completed:

Completed by: