



Owner/Tenant Billing Agreement 2026

Please return this completed application to Citrus Heights Water District

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: _____

(For use by CHWD only)

Service Address: _____

I request the billing for water service as identified above, be mailed to:

Tenant Information

Please Print Clearly

Tenant Name: _____

Mailing Address: _____

(if different than Service Address)

City: _____ State: _____ 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: _____ 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 tenants. As a result, CHWD requires a **Deposit**, in the amount of **\$314.00**, on all locations that are tenant occupied and are billed to the tenant as directed on the Owner/Tenant Agreement. It is the responsibility of the Owner to pay the deposit. The deposit will be retained for the duration of this agreement and any subsequent Owner/Tenant Agreements until the bill is changed back into the Owner's name. At that time, the Owner must make a written request for the refund of the Deposit balance. Any outstanding balance on the account must be paid in full prior to the refund.

If the Tenant 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 penalties, 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. Past due bills not paid by the tenant(s) will be transferred back to the property owner after 3 months past due per Policy 7170.01.

I have read and consent to the terms of this agreement, including payment of the required deposit to complete this process.

Property Owner's Signature

Date

For use by CHWD only

Account # _____ Tenant CID#: _____ Date App Received: _____

App Rcv'd by: _____ SO #: _____ Date of S/O: _____

Mtr Read by: _____ Reading: _____ Date of read: _____

Cycle: _____ Completed by: _____ Date S/O Completed: _____

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