



Third Party 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: _____ Account Number: _____
(For use by CHWD only)

Service Address: _____

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

Third Party Information

Please Print Clearly

Third Party Name: _____

Mailing Address: _____
(if different than Service Address)

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

Owner Information

Property Owner's Account Number: _____

Property Owner Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____

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 the Third Party listed above. As a result, CHWD requires a **Deposit**, in the amount of **\$314.00**, on all locations that are occupied/vacant and are billed to the Third Party as directed on the Third Party Agreement. It is the responsibility of the Third Party to pay the deposit. The deposit will be retained for the duration of this agreement and any subsequent Agreements until transfer of ownership. At that time, the Third Party 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.

The Third Party is responsible for any outstanding balance including but not limited to any additional fees that have been incurred, including late-payment penalties, 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

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

Responsible Party Signature

Date

For use by CHWD only

Cycle: _____ SO #: _____ Date of S/O: _____

App Rcv'd by: _____ Reading: _____ Date of Read: _____

Mtr Read by: _____ Completed by: _____ Date S/O Completed: _____