

AUGUSTA WATER
OWNER AUTHORIZATION FORM
AUTHORIZING TENANT/OCCUPANT TO OBTAIN WATER/SEWER SERVICE
PO Box 859, Verona, VA 24482-0859 ♦ Phone: 540-245-5681 ♦ Fax: 540-245-5603

Service Address: _____

Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____

Cell Number: _____

Tenant Name: _____

Tenant Address:
(if different from Service Address) _____

Account Number: _____

Tenant Move in Date: _____

This agreement authorizes Augusta Water to provide water / sewer service to the above tenant and place the account in tenant's name.

Augusta Water must receive an Owner Authorization Form prior to establishing a tenant's service. Under no circumstances will a tenant's service be established without a completed Owner Authorization Form.

Owner/Agent Signature

Owner/Agent Printed Name

Date