



**Scioto Water, Inc.**

*"Bringing Good Water & Good People Together"*

**OWNER AUTHORIZATION FOR TENANT WATER SERVICE**

Account Number	Date
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Owners Name	Email Address	Telephone
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Owners Address	City/State	Zip Code
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I understand and agree that any tenants of the premises covered by this agreement are authorized to receive water bills as agents for me. I agree to comply with all property owners responsibilities and I understand that any water bills left at this property are the responsibility of the owner and if not paid will be subject for disconnection. If disconnected, the service will not be restored until bill is paid in full.

Service Address	Tenant Name	Beginning Date of Residence
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Mailing Address for Bill to be sent:
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\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date