

**S.S. Water Supply**  
**Duplicate billing for owners of rental and/or lease property**

I understand that as the S.S. Water Supply Corporation member(s), membership holder, and/or owner of rental/lease property, I will be held fully responsible for any and all unpaid bills left by my (our) renter/lessee.

As the member(s), I (we) hereby give the below named individual(s) authorization to receive a copy of the monthly bill on behalf of account \_\_\_\_\_. Service location: \_\_\_\_\_.

Member's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date Final Reading is Needed: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature (date)

\_\_\_\_\_  
Member's Signature (date)

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Renter's Name(s): \_\_\_\_\_

As renter(s), I (we) agree to make the monthly payments for the water usage during the duration of my (our) renting/leasing time on the above mentioned property. I (we) also agree to pay the duplicate billing fee of \$1.00 each month in addition to my (our) regular water sales. **Water bills are always due on the 10<sup>TH</sup> of each month.**

Move in date: \_\_\_\_\_

First bill due date: \_\_\_\_\_

Renter's address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Renter's Signature (date)

\_\_\_\_\_  
Renter's Signature (date)

Office Use:

Form taken by \_\_\_\_\_

Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_