

Clearlake Oaks County Water District

P.O. Box 709 / 12952 E. Hwy 20

Clearlake Oaks, Ca 95423

Phone: (707) 998-3322 / Fax: (707) 998-1245

Date:

Tenant Transfer Authorization Form

Physical Address:

Account #:

I/We, the undersigned Owner(s) of the property listed on this application agree to water service being initiated as requested. I/We further acknowledge that water bills not paid by the applicant (tenant) are my/our responsibility and I/We agree to pay all charges associated with this account.

I/We, owner(s) of the property listed on this form agree to the terms and conditions of Clearlake Oaks County Water District's Tenant Landlord Transfer policy.

Property Owner(s) Signature

Date

Owners Mailing Address:

Tenant's move in date : _____

Please indicate wheather you _____ or the tenant _____ is to pay the required \$50.00 Transfer Fee

Please PRINT Tenants Full Name

Mailing Address

City

State

Zip Code

Telephone Number

Cell Phone Number

It is the Owner / Tenants responsibility to update all contact and mailing information if it is to change.

The owner of this property must sign and return this application within 15 days of the date on this form to:

CLOCWD

P.O. Box 709

Clearlake Oaks, Ca 95423-709

FOR OFFICE USE ONLY

Processed By:

Transfer Fee:

\$50.00

Transfer Date:

Fee Billed / Paid on:

Account Balance: