

BILLING AGREEMENT FOR RENTAL ACCOUNT

Owner t		Tenant to C		<u>v*</u> CSR
NAME (OWNER)			ACCOUN	IT #
SERVICE ADDRESS	j			
MAILING ADDRESS				
PHONE #		EMAIL		
NOTES:				
I hereby authorize Crys address below until furt		District to send all	billings on	my account to the person(s) and
NAME (TENANT)			EFFECTI	VE DATE
MAILING ADDRESS				
PHONE #		EMAIL		
l give	permission for 'tenant'	to make payment	arrangeme	nts for bill
	l allow 'tenant	to be able to be	on draft	
I understand that under District of all delinquend				rovided) by Crystal Clear Special Utility
	onsible to see that this a	account balance is	kept curre	the tenant is to be billed for service as nt; all fees and charges due to the

SIG	NA	TURE
-----	----	------

DATE

DISTRICT USE ONLY NEW TENANT ACCOUNT #_____ COMPLETED BY_____ DATE

Non-Discrimination Statement

"This institution is an equal Opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found on line at http://www.ascr.usda.gov/complaInt filing custhtml, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the Information requested in the form. Send your completed complaint form or letter to us by mall at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, byfax (202)690-7442, or email at program.Intake@usda.gov ."