

Kirkwood Meadows Public Utility District

P. O. BOX 247, KIRKWOOD, CA. 95646 • PHONE (209) 258-4444 • FAX (209) 258-8727

Acct# _____

Billing Information

Applicant Name(s): _____

Phone Number: _____ Fax # _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Service Location: _____

Billing Address (New): _____

New Customer: Tenant Owner Agent

Start Date of Billing Transfer (Must be 1st of the Month): _____

End Date of Billing Transfer (Must be 1st of the Month): _____

*Signature: _____

* Tenant agrees to abide by District Rules, Regulations, and policies (copies of said documents are available upon request from the District office).

Homeowner Section

Homeowner's Name(s): _____

Service Location: _____

Phone Number: _____ Email: _____

Previous Customer: Tenant Owner Agent

Start Date of Billing Transfer (Must be 1st of the Month): _____

End Date of Billing Transfer (Must be 1st of the Month): _____

Services to be Transferred: Water/Sewer Electric/Propane

(full name signature of owner) *

(Date)

***I understand that with this agreement, all monthly statements will be mailed to the above tenant with the owner being copied on the bill also but owner is ultimately responsible for any unpaid account/s and owner agrees to abide by District Rules, Regulations, and policies (copies of said documents are available upon request from the District office).**

Administrative Use Only

Starting Read _____

Ending Read _____