

# Kirkwood Meadows Public Utility District

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

Acct# \_\_\_\_\_

## Tenant 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 1<sup>st</sup> of the Month): \_\_\_\_\_

End Date of Billing Transfer (Must be 1<sup>st</sup> 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 1<sup>st</sup> of the Month): \_\_\_\_\_

End Date of Billing Transfer (Must be 1<sup>st</sup> 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 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 \_\_\_\_\_