



ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NUMBER: _____ ACCT #: _____

OWNER'S CELL NUMBER: _____

OWNER'S EMAIL ADDRESS: _____

I hereby authorize Sardis-Lone Elm Water Supply Corporation to send all billings on my account to the person(s) and address below until further written notice **(Please provide any contact information that you may have for the person(s) listed below)**:

RENTER'S NAME: _____

RENTER'S MAILING ADDRESS: _____

RENTER'S PHONE NUMBER: _____

RENTER'S EMAIL ADDRESS: _____

DATE TO BEGIN ALTERNATE BILLING: _____

I understand that under this agreement I will be given notice by the Corporation of all delinquencies on this account prior to disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the Corporation's Tariff.

I understand that if I request that my membership be canceled at this location, thereby discontinuing service to an occupied rental property, that the Corporation will provide the above listed person with written notice of disconnection five (5) days prior to the scheduled disconnection date.

I also understand that I am responsible for seeing that this account balance is kept current, as is any other account in the Corporation. This account shall not be reinstated until all debt on the account has been retired.

Owner's Signature: _____ Date: _____

Renter's Signature: _____ Date: _____

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