

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 _____

Tenant's move in date : _____

Please indicate whether owner _____ or the tenant _____ is to pay the required \$50.00 Transfer Fee

Please indicate if you (Property Owner) would like to receive copies of the bill and be notified if a delinquency and/ or problem occurs

YES _____ NO _____

Please PRINT Tenants Full Name

Mailing Address

City

State

Zip Code

Telephone Number

Cell Phone Number

FOR OFFICE USE ONLY

Processed By: _____

Transfer Fee: \$50.00

Transfer Date: _____

Fee Billed / Paid on: _____

APN: _____

Account Balance: _____
