



A. 4176 Warbler Road
 P.O. Box 294049
 Phelan, CA 92329
 P. (760) 868-1212
 F. (760) 868-2323
 W. www.pphcsd.org

Account No.: _____

APN No.: _____

TENANT AUTHORIZATION FORM

SERVICE ADDRESS: _____

OWNER NAME(S): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CELL/TEXT NO: _____

2ND PHONE NO: _____

DRIVERS LICENSE NO: _____ DATE OF BIRTH: _____

TENANT'S NAME: _____

TENANT MOVE IN DATE: _____

This agreement authorizes the Phelan Piñon Hills Community Services District to provide a copy of the bill to the named Tenant. The owner will continue to receive delinquent notices. Failure to receive a bill does not relieve Owner of liability. Any amount due shall be deemed a debt to the District and may be subject to disconnection, a lien against the property, or legal action at the option of the District.

I, property owner, authorize tenant to request annual Level Pay Plan starting January of each year. Level Payment Plan requests are only accepted on accounts with a year of usage history.

THIS AGREEMENT DOES NOT RELIEVE THE OWNER OF RESPONSIBILITY OF UNPAID BILLS ON THE PROPERTY.

 DATE

 OWNER'S SIGNATURE

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of _____)

On _____ before me _____
 a Notary Public, personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

