

Residential Service Agreement for Renter/Lease Tenants



FOR OFFICE USE ONLY: Route #: _____ Account #: _____		
Customer #: _____	Service Fee: _____	CSR: _____
Deposit: Water _____	Sewer _____	Total _____
Date: _____	Receipt #: _____	

Individual(s) - Tenants

Tenants Name: _____

Billing Address: _____

Social Security #: *(Must have at least the last 4 digits)* Driver's License #: _____

Cell #: _____ Home #: _____ Work #: _____

Primary Phone Number: ____ Cell ____ Home ____ Work Email: _____

Service Request Information

Requested Service Date: _____

Requested Service Address: _____

City: _____ State: ____ Zip: _____ County: _____

Service Requested: ____ Water ____ Sewer ____ Irrigation ____ Fireline

Electronic Billing - (Paperless Billing) **Must provide email address above*

By checking this I acknowledge I wish to receive my billing statement via the email address on file.

Owner's Information: (This is the owner of the property)

Owners Name: _____

Owners Contact #: _____

Other Individuals to add to this account:

Name: _____ Relationship: _____

I request that Hallsdale-Powell Utility District (HPUD) supply service for the listed above location. I understand that I must supply documentation of ownership for the above location. I agree to receive and pay for all service provided or reserved for my use when bills are rendered and at the HPUD rates at the time of service. I understand that residential rate structures are based on consumption and may be subject to change. Rate information can be found at www.hpud.org. I agree to abide by and be subject to HPUD rules and regulations relating to the service rendered. I agree to pay all collection expenses if HPUD places my account with a collection agency. I understand that HPUD may have to enter the property where water and sewer service is rendered, for repairs and/or inspections and for meter readings. I acknowledge that I have read and understand these contract terms.

Signature: _____ Date: _____

By checking this I approve a digital signature and acknowledge all this information on this form.