To: The Tate Monroe Water Board of Trustees

P.O. Box 90
Bethel, Ohio 45106
Ph: 513-734-2236
Fax: 513-734-7950

Check the classification that applies:

Date _____ , 20 ____

_____ Land Contract Relationship

Account # _____

_____ Tenant Relationship

Address _____

For (a) complete using -
Tenant or **Grantee**

_____

In this document the Owner shall be referred to as Owner, the Tenant as Tenant, and Land Contract Grantee as Grantee. Tate Monroe Water Assn., Inc. shall be referred to as Company.
In Accordance with the Rules and Regulation of this Company, I agree to be responsible for all unpaid bills left by my _____ (a).

If my _____ (a) for any reason has a large balance on his account and wishes to amortize that balance **I will or will not (circle one)** allow such amortization.
If I do authorize amortization then I will be responsible for any balance left when my _____ (a) defaults for any reason or moves from the residence.
If I deny amortization then I will be responsible to inform my _____ (a) and support the Company during times of water service interruption because of non-payment.

The Company will not collect and hold any deposits on behalf of the Owner and recommends that the Owner collects deposits that provide coverage for potential outstanding water service bills.

If service is disrupted because of non-payment it will be the responsibility of the Owner to resolve the situation with the Company prior to resumption of service if amortization was approved by the Owner.

I understand that failure to keep bills current on this account may result in future service being discontinued for as long as I am the Owner of this property.

I further understand that I am responsible for notifying the Company of any change of my address and the name of the current _____ (a) at all times.

I will keep the Company informed of my current address if it should change from the address listed on this document.

_____ _____ **Date**: _____
Owner's Signature **Owner (Print)**

_____ _____ **Phone #** _____
Owner's Signature **Owner (Print)**

Owner's _____

Address: _____

_____
Current Tenant or Grantee

_____ _____
Current Tenant or Grantee Mailing Address **Current Tenant or Grantee Phone #**

Current Tenant or Grantee's Move In Date: _____
A copy of this document will be mailed to the owner.