

# Tate Monroe Water Assn., Inc.

LOCATION 2599 SR 232 NEW RICHMOND, OHIO 45157  
PHONE: 513-734-2236  
FAX: 513-734-7950

## **Tenant/Grantee Waiver Form**

*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.*

*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.*

### **Please initial each line stating you have read and agree to each term:**

\_\_\_\_\_ In Accordance with the Rules and Regulation of this Company, I agree to be responsible for all unpaid bills left by my Tenant or Grantee.

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

\_\_\_\_\_ 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.

\_\_\_\_\_ I further understand that I am responsible for notifying the Company of any change of my address and the name of the current Tenant/Grantee at all times.

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

\_\_\_\_\_ If my Tenant or Grantee 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 Tenant/Grantee defaults for any reason or moves from the residence.

\_\_\_\_\_ If **I deny** amortization then I will be responsible to inform my Tenant/Grantee and support the Company during times of water service interruption because of non-payment.

---

*“This institution is an equal opportunity provider and employer.”*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).”*

# Tate Monroe Water Assn., Inc.

LOCATION 2599 SR 232 NEW RICHMOND, OHIO 45157  
PHONE: 513-734-2236  
FAX: 513-734-7950

**Check the classification that applies:** \_\_\_\_\_ Land Contract Relationship \_\_\_\_\_ Tenant Relationship

**Current Tenant/Grantee Name:** \_\_\_\_\_

**Current Tenant/Grantee Mailing Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Owner's Signature  
Number**

\_\_\_\_\_  
**Owner (Print)**

\_\_\_\_\_  
**Owner's Phone**

\_\_\_\_\_  
**Owner's Signature  
Number**

\_\_\_\_\_  
**Owner (Print)**

\_\_\_\_\_  
**Owner's Phone**

**Owner's Mailing Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**For Office Use Only:**

Service Address: \_\_\_\_\_  
Street

Account Number: \_\_\_\_\_

\_\_\_\_\_  
City Ohio, \_\_\_\_\_  
Zip

Date Received: \_\_\_\_\_, 20 \_\_\_\_\_

*"This institution is an equal opportunity provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*