



Coryell City Water Supply District

9440 FM 929 Gatesville, TX 76528

Phone (254) 865-6089 Fax (254) 254-0148

www.coryellcitywater.com - E-mail: info@coryellcitywater.com

TENANT ACCOUNT AGREEMENT

I, _____ as Owner of the property:

Service Address: _____

Account Number: _____

Removing Tenant: _____

Authorize Coryell City Water Supply to send monthly water bills to:

Current Tenant: _____

Mailing Address: _____

Phone Number: _____

- Full payment of remaining balance is due upon submittal of this agreement.
- I understand as owner, tenant will receive monthly statement beginning with the next scheduled read date.
- I understand as owner, I will no longer receive the monthly statement for this account.
- I understand as owner, I am responsible for notifying the District when a tenant vacates the property.
- I understand as owner, any outstanding balance remaining on account, is subject to disconnection.
- I understand as owner, that I assume all responsibility for any charges accrued on the account.

Owner mailing address: _____

Phone Number: _____

Owner Signature

Date

FOR OFFICE USE

Remaining account balance _____