



AUTHORIZATION FORM

Date: _____

I authorize Maxwell WSC to send my bill, account # _____ to the following person at the listed address below. I am the property owner and I know I am responsible for the payment of bills if the tenant defaults. **I further acknowledge that as long as my tenant pays on my account in accordance with Maxwell's tariff; Maxwell WSC cannot involve itself in a dispute between myself, as owner, and my renter. All finalized bills will be sent to owner for immediate payment.**

Name and billing address of **tenant**:

Home Telephone # _____

Day-time Telephone # _____

Drivers Licenses # _____

Current Meter Reading _____

Signature of Owner

Printed Name

Owner's current mailing address

Owner's Day-time telephone#

NOTE:

MWSC will not process an Authorization Form (for a new tenant) as long as there are outstanding charges on the account. Accounts must be paid in full prior to any change requests.

MWSC will not enter into a payment agreement with a tenant on finalized bills.