



CHAMPLAIN WATER DISTRICT
Dedicated to Quality Water & Service



First In The Nation ~ Excellence In Water Treatment, Partnership For Safe Water

**Water Billing
Landlord/Tenant Agreement Form**

Effective Date (mm/dd/yyyy) *: _____

Owner Information

Water Account Number:	
Property Owner(s) Name (First, Last): *	
Service Address (where water meter is located): *	
Current Mailing Address: *	
City/State: *	Zip Code: *
Phone Number: *	Email Address: *

Tenant Information

Tenant Name – (First, Last): *	
Mailing Address: *	
City/State: *	Zip Code: *
Phone Number: *	Move in Date:*

Fields Marked with * are Mandatory

- I (We) are the Owner(s) of the property at the above noted Service Address.
- I (We) rent the property to a tenant.
- I (We) request the Champlain Water District Retail Department bill the tenant noted above directly at the service address for all water charges and other related charges attributed to the above property, including penalty for overdue accounts. It is understood that the Champlain Water District Retail Department Ordinance states "All water charges will be billed to the owner of record of the facility(ies) served, unless waived by the legislative body. Upon written request, the Department may provide billing to the tenant within the facility of record. Although another person may pay the service rate, the owner of the premises shall be held responsible for such rate."
- I (We) agree that Champlain Water District Retail Department will bill the tenant and I (we) am (are) aware that this does not relieve any responsibility on my/our part to ensure that this account is paid. In the event that the tenant does not pay the water bill, the water may be disconnected at the curb stop or a lien may be placed on my property and the account will revert back to me and all future bills will be my responsibility.**
- I (We) agree this agreement is non-transferable and must be renewed for any and all Tenant changes.
- Champlain Water District Retail Department will not update our records with Tenant names until this agreement is signed, dated and returned to our office for processing. **This agreement must be received by the CWD at least 48 hours prior to tenant occupancy.**

Property Owner(s) Signature: *	Print Name(s), (First, Last): *
	Date (mm/dd/yyyy) *

Phone: 802-864-7454
Fax: 802-864-0435
Email: julie.ringuette@champlainwater.org
Website: www.champlainwater.org

Mail: Champlain Water District Retail Department
 403 Queen City Park Road
 S. Burlington, VT 05403

Date Received in Office:	Date Approved:	Date Denied:
Reason For Denial:		