BROWN COUNTY RURAL WATER ASSOCIATION

Tenant Agreement

Name:	Phone #:
Γap address:	
Date:	Driver's License #:
By signing below, you acknowledge that the a	above address will be in your name effective from
the date listed. You will be responsible for any billing.	. If you need longer to make payments, leak
adjustments, etc., it will need to be approved by your l	landlord first and they would need to contact us so
we can note your account. We will also need to be con	ntacted when you move, so we can get the deposit
applied to the account and any refund or final bill sent	to you. Any balance left on the account will be
noted and you will be placed in our bad tenant file. Th	e unpaid balance left will have to be paid back if
you move anywhere else on our system.	
List <u>all</u> other persons residing at the tap address.	
Name: Relationship to Tenar	nt: SS # (if over 18):
Customer Signature	
Landlord Signature	
Landord Signature	
BCRWA Clerk	