

**TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT
OWNER AUTHORIZATION FORM**

109 West Main Street * P.O. Box 325
Byrdstown, TN. 38549
PH: 931-864-6215 * FAX: 931-864-6120

ACCOUNT NUMBER: _____ DATE: _____

TO: THE TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT

PROPERTY ADDRESS: _____

I request water/sewer service be established and future bills for the above property address to be sent to my

tenant(s): _____
(NAME...PLEASE PRINT)

My tenant's telephone or contact number is: _____. This tenant moved in on _____
(DATE)

The agreement between the tenant listed above and I regarding water leaks is as follows:

_____ will be held responsible for any and all charges due to the
(NAME...PLEASE PRINT)

Town of Byrdstown related to water leak(s) at this property address.

OWNER: _____
(NAME...PLEASE PRINT)

ADDRESS: _____
(PLEASE PRINT)

(PLEASE PRINT)

PHONE #: _____
(AREA CODE & NUMBER)

OWNER'S SIGNATURE: _____ Date: _____

RENTER'S SIGNATURE: _____ Date: _____

By signing above, the owner and tenant state they understand and accept the statements within this Owner's Authorization form.