

**TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT
OWNER / PROPERTY MANAGER VERIFICATION**

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

BILLING INFORMATION

BILLING NAME: _____ Account # _____
(NAME WANTED ON BILL) (Please print)

MAILING ADDRESS: _____
(WHERE BILLS SHOULD BE SENT) (STREET)

(CITY) (STATE) (ZIP CODE)

TELEPHONE: () _____ CELL PHONE: () _____ FAX: () _____

RENTAL PROPERTY INFORMATION

SERVICE ADDRESS (Include unit/apt. #): _____

(CITY) (STATE) (ZIP CODE)

CONTACT INFORMATION

PROPERTY MANAGER'S NAME: _____
(Please print)

PROPERTY MANAGER'S PHONE #: () _____

All billing, tenant, leak, etc questions should be directed to property manager? Yes () No ()

If no, who should we direct questions to? Name: _____
(Please print)

TELEPHONE: () _____ CELL PHONE: () _____ FAX: () _____

The above listed property manager has my complete authority to act on my behalf when notifying and/or making necessary changes regarding tenants, accounts, billing, etc surrounding my rental property(s).

LEGAL OWNER OF PROPERTY: _____
(NAME...please print) (Legal signature) (Date)

TELEPHONE: () _____ CELL PHONE: () _____ FAX: () _____