Tenant Authorization

Rural Water District No. 4 PO Box 555 Goddard KS 67052

RE: Water Benefit Unit #: _____

Dear Rural Water District No. 4,

The above numbered Water Benefit Unit is currently assigned to:

Owner(s):

Address, City, State, Zip: _____

Telephone: _____ Email: _____

who is/are the legal owner(s) of the property described on the Water Benefit Unit Certificate and the address upon which the water is being used.

I/We authorize and direct Rural Water District No. 4, Sedgwick County, Kansas, to send the monthly billing statement to the following Tenant:

Tenant(s): _____

Address, City, State, Zip: _____

Telephone: _____ Email: _____

I/We acknowledge that having the monthly bill sent to the Tenant does not relieve me/us (Owner(s)) of liability for any and all, past or future, debts owed to RWD#4 incurred for water service. I/We acknowledge that my/our Water Benefit Unit is security for the payment of all such indebtedness and further, for compliance by the Tenant with all rules and regulations of RWD#4.

Date Signed:_____

Owner Signature:

Owner Signature:_____

OFFICE USE ONLY - Date received by RWD#4:

Rural Water District No. 4 PO Box 348 Goddard Kansas 67052 316-794-7320 ruralwaterno4@live.com https://www.rwd4sedgwick.com