

## **TENANT AUTHORIZATION**

## **Print and Remit Completed Form to:**

**FAIRFAX WATER Attn: Customer Service** 8570 Executive Park Avenue Fairfax, VA 22031 tenantform@fairfaxwater.org

Phone (703) 698-5800 Fax (703) 466-6863

This form must be signed by the legal recorded property owner or authorized property manager.

Completion of this form is required to establish new Tenant Service. Tenant accounts will not be opened without a completed form and the required Lien Offset payment of \$190.00. (To be paid by the Tenant by cash, money order, or check payable to Fairfax Water. For your convenience and a fee, we also take check and credit card payments

| , ,                                      | by phone and online via Speedpay®. Call us for more information.) |                            |                      |                           |
|--|---|----------------------------|----------------------|---------------------------|
| Service Address                          | Service Start Date  |                            |                      |                           |
|  | nave entered into a lease a<br>rfax Water at this address         |                            | nced service address | and is(are) authorized to |
| Please print the first and               | l last name of each tenant  | on the lease agreement     | t.                   |                           |
| Tenant Name                              |   | Tenant Na                  | me                   |                           |
| Tenant Name                              |   | Tenant Na                  | me                   |                           |
| Tenant Contact Informat                  | tion  |                            |                      |                           |
| Phone (H)                                | (C)   | Er                         | nail                 |                           |
| Contact information.  Owner Name  Street |   |                            |                      |                           |
| City                                     | State Zip Co  | ode                        |                      |                           |
| Email                                    |   |                            |                      |                           |
| Phone (H)                                | (C)   |                            |                      |                           |
| Signature Property Own                   | er or Authorized Agent  | Print Name                 |                      | Date                      |
| openy e                                  |   | ation, please visit www.fa | airfaxwater.org      |                           |
|  |   | Office Use Only            |                      |                           |
| Lien Offset received                     | Cash Check  | •                          | ☐ Speedpay           | Lien Offset Waived        |
| Amount Received \$                       | Account Number  |                            |                      | Received By               |