

Rock Island Water Supply Corporation
PO Box 144
Rock Island, TX 77470

Rental Account _____
(office use)

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

PLEASE PRINT

OWNER'S NAME: _____ Account _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

I hereby authorize Rock Island Water Supply Corporation to send all billings on my account to the person(s) and address below until further written notice:

PLEASE PRINT

RENTER'S NAME: _____

MAILING ADDRESS: _____

PHONE NBR: _____

I understand that under this agreement that I also will be given notice by the Corporation of all delinquencies on this account prior to disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the Corporation's Tariff.

I understand that if I request that my membership be canceled at this location, thereby discontinuing service to an occupied rental property, that the Corporation will provide the above listed person with written notice of disconnection five (5) days prior to the scheduled disconnection date.

I understand that as the property owner and member of the Corporation, that I am responsible to see that this account balance is kept current, as with any other account in the Corporation, in accordance with the Corporation's Tariff Section E.10e and E.18, and will receive a copy of each months billing statement. If service has been disconnected, this account shall not be reinstated until all debt on the account has been paid in full.

Owner Signature: _____ Date: _____

Renter Signature: _____ Date: _____