

EHRWSD
2030 Stoneridge Dr.
PO Box 151
Circleville, Ohio 43113

740-474-3114
800-474-3114

OWNER/RENTER AGREEMENT

As the owner of the property located at:

_____, I
request that EHRWSD bill the renter at the above address. I understand that EHRWSD will require a renter's deposit and that I will be held responsible for any outstanding debt not covered by this deposit. I also understand, as homeowner, I may inquire as to the status of the account at any time. This agreement will remain in force as long as this property is rented.

Upon a change of renters, I will notify EHRWSD and inform the new renter of their obligation to sign a User Agreement and to pay a service deposit to EHRWSD.

As a renter moves out of the above address, I would like the service transferred to my name until such time the property is again occupied by a renter.

As a renter moves out of the above address, I would like the service turned off.

Witness

Property Owner

Date

Property Owner's Address

Phone