

**EARNHART HILL
REGIONAL WATER & SEWER DISTRICT**
2030 Stoneridge Drive
PO Box 151
Circleville, OHIO 43113
(740) 474-3114

OWNER/RENTER AGREEMENT

As owner of the property located at _____, I request that Earnhart Hill Regional Water & Sewer District 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 understand that if the water service has been terminated for non-payment, EHRWSD will final the renters account, if not paid within 30 days.
- I understand that as homeowner, I may call the office to inquire as to the status of the account, at any time.
- I understand that upon a change of renters, I will inform EHRWSD of the change and also inform the new renter of their obligation to make contact with EHRWSD to sign the User Agreement and to pay the deposit.

This agreement will remain legal and binding as long as this property is rented or until I request EHRWSD to remove the rental status and begin billing me at my address.

As renters move out of the above address, I would like the water left on in my name.
Yes _____ or No _____

Witness Printed Name

Property Owner's Printed Name

Witness Signature

Property Owner's Signature

Date

Property Owner's Address

Phone