RURAL WATER DISTRICT NO. 6, PONTOTOC COUNTY, OKLAHOMA PO BOX 26, FITTSTOWN, OK 74842 (580) 777-2296

TENANT AUTHORIZATION

			Effective Date:
To allow someone other the current occupant infor	nan you (the Benefit mation and sign bek	Unit Owner) to roow.	eceive the monthly water bill, please provide the
Benefit Unit Number:			
Occupant:			
Physical address:			
City:			
Mailing address:			
City:	State:	Zip:	
Contact phone number(s):			
Email Address:			
Bill Delivery Preference:			
Benefit Unit Owner:		to notify the Wat	ter District when a renter moves in or out.
(Print O	wner Name)		
Signed:(Benefit		Date:	
(Benefit	Unit Owner)		
Please check this box mailing address below.		receive a duplic	rate monthly statement via mail and print yo
If you have ar	ny questions about th	nis process, pleas	e call our office at (580) 777-2296.
*************	*********	******	*****************
ting date approved:			Date Entered:
			man/Secretary
irman:			