

## **Tenant Form**

Please mail this form to: 3640 Old Oxford Rd., Hamilton, Ohio 45013 or you may e-mail us at bill\_inq@swwater.org or Fax this form to: 513-863-5330

Service address:			
Service Request Date:			
(To be completed by SWRWD )			
Customer Account No.:		Date Received:	
The Regulations adopted by the District's E may apply for service and become a custom may directly bill an occupant of the serviced ultimately responsible for all charges in con The District will require the occupant to pos-	ner of the District. However, t d property for the monthly chancetion with the service; the	he Regulations also provide that, at the arges for the property. In such a situation	request of the customer, the District on, the customer shall remain
By signing this form, the owner of the servi identified below for the charges associated Until receipt of such notice, the District wil arrangements for any delinquent charges an service will affect the owner/customer's ult	with this service. The custom l continue to directly bill the d/or lock-off the service until	er may revoke this request at any time voccupant and may as the District detern all charges are paid in full. No paymer	with written notice to the District. nines appropriate enter into payment at arrangement nor discontinuation of
Section 5321.15 of the Ohio Revised Code services, exclusion from the premises, or th purpose of recovering possession of residen the right to refrain from terminating service District has actual knowledge that the termi	reat of any unlawful act, againtial premises, other than as one to the subject property at the	nst a tenant, or a tenant whose right to predered by a court of appropriate jurisdic request of, or due to any action or inac	cossession has terminated, for the ction. Therefore, the District reserves tion by, the Owner/customer if the
Section 1—Owner			
The section is to be completed with the pr	roperty owner's information	1.	
Property Owner's Name:		Phone No:	
Mailing Address:			
Lease begins:	Ends:	<del></del>	
Section 2—Tenant Information	1		
Complete this section with tenant inform	ation		
Tenant's Name:		Phone No:	<u> </u>
(If different from service address)		Date of birth:	
Mailing Address:			
X			
Owner Signature		Date	
X			
Tenant Signature		Date	