

**CITY OF COLUMBIA FALLS
LANDLORD WATER/SEWER AGREEMENT**

Account# _____

The following properties are included in this agreement:

I, _____, owner and/or authorized manager of the above listed rental property(ies), agree to the following:

Section 1: CHOOSE one of the following options:

_____ 1. I will keep the water/sewer account in my name and will be responsible for the payment of all charges & fees .

_____ 2. I authorize the City of Columbia Falls to allow my tenant(s) to put the water/sewer account into their name **WITHOUT** a deposit. The tenant(s) will receive the bill but I understand that I am ultimately responsible for any past due charges and to keep the account from shut off status at all times. If the account is past due \$25 or more, I understand I will receive a copy of the bill as it is my responsibility to ensure the account is paid.

_____ Allow pay agreements

_____ Do **NOT** allow pay agreements

_____ 3. I authorize the City of Columbia Falls to **REQUIRE A \$250** deposit from my tenant(s) in order for them to have the water/sewer account in their name. I understand that when my tenant(s) move, the City will apply the deposit to the final water/sewer bill and refund the difference to the tenant. If the deposit does not cover the final bill, I understand any unpaid charges are my responsibility. I also understand it is my responsibility to inform my tenant(s) of this requirement.

Section 2:

The water/sewer department attempts to alert the owner or authorized property manager when a property's services are turned off due to delinquent bills. I understand it is my responsibility to follow up on past due accounts to avoid service shut off and to pay any fees associated with the delinquency. **Note:** Public Health regulations do not allow occupancy of a residence without water and sewer services.

I also understand I may call the City at any time to inquire if my tenant's account is current or past due.

Owner/Manager Contact Information:

Phone: _____

Email: _____

Mailing Address: _____

Authorized Signature

Date