



OWNER/TENANT BILLING AGREEMENT

**Account balances must be paid and all information must be furnished in order to process this request**

Account Number: \_\_\_\_\_ Service Address: \_\_\_\_\_

I, the owner of the above referenced property, request the billing for the water/wastewater service(s) be mailed to:

\_\_\_\_\_  
Tenant(s) Name Move In Date \_\_\_\_\_

**TENANT SECTION**

As the tenant for the above mentioned property, I understand that I am being added to the owners account and will receive bi-monthly bills for the services provided. I acknowledge that the billing information and usage belongs to the owner of the property and historical bills and usage may be available to the owner and subsequent tenants on the online bill pay website after I vacate the property.

Tenant Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Tenant Name Signature Date

**OWNER SECTION**

As the property owner, I have read this agreement, and acknowledge that by signing below I am responsible for the above account, and payment of all charges incurred in accordance with Administrative Regulation 9051. I understand my property may be liened if charges are not paid in accordance with CA Water Code 25806.

**INITIAL ONE** (If no selection is made, account will default to allow payment arrangements as no changes will be made):

- \_\_\_\_\_ My tenant is authorized to enter into payment arrangements on past due bills
- \_\_\_\_\_ My tenant is not authorized to enter into payment arrangements on past due bills and must pay bills on time

Owner's Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ DDL or SS \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Name Signature Date

**It is the owner's responsibility to ensure that the account is paid current. Owners are encouraged to contact Customer Service at any time for the current status of your account. Customer Service will also calculate "Final Charges" when a tenant vacates. Simply read the water meter and call (530) 642-4000 or email [billing@eid.org](mailto:billing@eid.org).**

**2890 MOSQUITO ROAD, PLACERVILLE, CA 95667  
Phone (530) 642-4000 Fax (530) 622-8569 Email [billing@eid.org](mailto:billing@eid.org)**