



OWNER AUTHORIZATION FOR TENANT UTILITY SERVICE

TOWN OF BERRYVILLE
101 Chalmers Court, Suite A - Berryville, VA 22611
540-955-109

Today's Date: _____ Tenant Move In Date: _____

RE: _____
Tenant(s) Name & Business Name (if applicable)

Town of Berryville Service Address

TO WHOM IT MAY CONCERN:

_____ has entered into a lease for the property located
Tenant Name & Business Name (if applicable)
at _____ and is authorized to obtain Water/Sewer
Town of Berryville Service Address
Services at the above address as a tenant of _____.
Property Owners/Business Name

I understand that a lien may be placed on this property for services used by the tenant if, after proper notification, I fail to pay the amount of the outstanding balance within thirty (30) days.

Property Owners Phone Number: _____

Property Owners Mailing Address: _____

ALL NAMES ON DEED OF PROPERTY MUST PRINT & SIGN BELOW

Name: _____ Signed: _____
Property Owner Please Print *Property Owner Signature*

Name: _____ Signed: _____
Property Owner Please Print *Property Owner Signature*

Name: _____ Signed: _____
Property Owner Please Print *Property Owner Signature*

Attach any additional Property Owner Signatures

AUTHORIZATION FORM WILL NOT BE ACCEPTED IF INCOMPLETE

(ALL fields must be filled in/completed)