



TENANT AUTHORIZATION

Print and Remit Completed Form to:

Town of Warsaw
Attn: Water and Sewer Dept.
P.O. Box 730
Warsaw, VA 22572
Phone (804) 333-3737
Fax (804) 333-3104

Completion of this form is required to establish new Tenant Service. Tenant accounts will not be opened without a completed form and the required Lien Offset payment of \$250.00. *(To be paid by the Tenant by cash, money order, or check payable to Town of Warsaw - no credit cards accepted)*

Service Address _____ Service Start Date _____

The following tenant(s) have entered into a lease agreement for the referenced service address and is (are) authorized to obtain services from the Town of Warsaw at this address as my tenant(s).

Please print the first and last name of each tenant on the lease agreement.

Tenant Name _____ Tenant Name _____

Tenant Contact Information

Phone (H) _____ (C) _____ Email _____

● *Lien Offset may be waived for tenants who receive need based local, state, or federal rental assistance. If your tenant receives rental assistance, please provide documentation with this form.*

This form must be signed by the legal recorded property owner or authorized property manager.

Property owner information - Please provide first and last name, mailing address (different from the service address), and contact information.

Owner Name _____

Street _____ City _____ State _____ Zip Code _____

Phone (H) _____ (c) _____ Email Phone _____

Signature _____ **Print Name** _____ **Date** _____
Property Owner or Authorized Agent

For More information, please visit www.townofwarsaw.com

Office Use Only

Lien Offset received Cash Check Money Order Lien Offset Waived

Amount Received \$ _____ Account Number _____ Received By _____

