



LANDLORD AUTHORIZATION

This Landlord Authorization form is required by the **BEDFORD REGIONAL WATER AUTHORITY** (the "AUTHORITY"), in accordance with § 15.2-2119 of the Code of Virginia, 1950, as amended.

Date Form Completed: _____

Water and/or Sewer Service Provider:

Bedford Regional Water Authority
1723 Falling Creek Rd
Bedford, Virginia 24523

Tenant:

Full Name: _____

Service Street Address: _____

Service City, State, and Zip Code: _____

To: Authority Customer Service Department,

The above named Tenant has entered into a lease for the property located at the above address and is authorized to obtain water and/or sewer at this address as a tenant of the Landlord as identified and agreed to below. As the property owner or agent acting in place of the owner ("Landlord"), I understand that a billing cycle has a base charge regardless of usage. I understand that if payment is not received within 30 days of original mailed billing, a penalty will automatically be charged to the account. I understand that if the bill is not paid, the tenant will receive a disconnect notice and I can request a copy of the disconnection notice. If service is disconnected, I agree to pay a reconnection fee prior to service being restored. The deposit paid at time of application will be refunded after my tenant's final bill has been paid in full. I understand that should my tenant default on final payment, their deposit will be applied to the debt owed. I understand that I will hold ultimate responsibility for any non-payment by the Tenant and understand that a lien may be placed on the property if the fees or and charges are not paid to the Authority. Should this service be turned over to a collections agency, I will be responsible for any fees associated in the collection of the outstanding balance including any attorney and court fees. I also understand a pressure reducing valve should be installed on my private plumbing to help protect my private plumbing and appliances from pressure surges. By my signature below, I indicate my understanding and acceptance of these terms and conditions.

Landlord

Full Name: _____

Mailing Street Address: _____

Mailing City, State, and Zip Code: _____

Signature: _____