



Department of Public Works
Special Districts
Water and Sanitation Division

OWNER-TENANT AGREEMENT
TENANT PORTION

(Pursuant to Section 4.6.11 of Rules and Regulations)

customerservice@sdd.sbcounty.gov

Account No.: _____ Cycle: _____ Move in Date: ____/____/____

Tenant's Name: _____

Tenant's Name: _____

Property Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone (____) _____ Home Phone (____) _____

Last 4 numbers of SSN: _____ Driver's License #: _____

Please provide a copy of your Photo ID or have form notarized.

Email Address: _____

I WOULD LIKE EMAIL NOTIFICATIONS FOR WATER CONDITIONS (Shut downs, boil alerts, etc.) AND BILLING: Yes No

AGREEMENT: The Tenant, in consideration of being supplied by a San Bernardino County Board Governed Water and Sewer District with water and/or sewer service on the herein named premises, agrees to pay for the same as bills are rendered therefore, at current rates, until the service is ordered discontinued by him, and further agrees to the Rules and Regulations of the San Bernardino County Water and Sewer Districts. This contract shall at all times be subject to changes or modifications by the San Bernardino County Board of Supervisors. With the transfer of the account to the respective tenant's name, a \$50.00 non-refundable service establishment fee will be applied to the first billing.

This Agreement may be executed in multiple counterparts, each of which, when solely executed, shall be deemed an original, but all of which counterparts together shall constitute one and the same instrument. This Agreement shall become effective on the date each of said originals has been signed by each of the Parties hereto and each Party has received by facsimile or electronic transmission the signature page from the other Party.

By signing below, the tenant acknowledges that they have read, understand and agree to the terms of this agreement.

Dated: ____/____/____

TENANT SIGNATURE

TENANT SIGNATURE

FOR OFFICE USE ONLY

Svc Order: _____ Read: _____ Rcvd by: _____ Date: _____