



Water Dept.------(519) 867-2128

Public Works Dept.------(519) 867-2993

Fax------(519) 867-3886

Email-----stclairpw@stclairtownship.ca

1155 Emily St. Mooretown, ON. N0N 1G0

## **Tenant and Owner Letter of Understanding** **Water and Sewage Charges**

Date: \_\_\_\_\_

Occupancy Date \_\_\_\_\_  
Account # \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

As owner of the above property, please accept this letter as direction and authorization to mail invoices for water and sewer charges to my tenant at the above address. This is to be in effect until further notification in writing regarding any change to billing information. **A \$50.00 transfer fee will be added to the first invoice.**

I agree to accept full responsibility for any applicable charges which are not paid by my tenant upon notification from St. Clair Township Water Department.

### **Owners Name:**

\_\_\_\_\_  
Please Print Clearly

Address: Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City & Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_  
\_\_\_\_\_

### **Tenant's Name:**

\_\_\_\_\_  
Please Print Clearly

Address: Street \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
City & Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_  
\_\_\_\_\_