

THE CORPORATION OF THE TOWN OF LAKESHORE
419 NOTRE DAME STREET
BELLE RIVER, ONTARIO, N0R 1A0
519-728-2700; 1-877-249-3367; FAX: 519-728-9530

TENANT AUTHORIZATION FORM

SERVICE ADDRESS:

_____ Street Number Street Name

UTILITY ACCOUNT NUMBER: _____

I, _____, owner of the service address, authorize the Corporation of the Town of Lakeshore to send all water bills to _____, who is the tenant(s) of the property, effective _____.

As the owner, I understand that it is my responsibility to provide potable water for the residents of the residential building in accordance with Section 20 of the *Health Protection and Promotion Act, R.S.O. 1990, C. H.7.*

As the owner, I understand that despite not having received bills and notices in respect of the water service, if the Tenant defaults in payment, all rates and charges shall be recoverable against this property as a debt owed to the Town of Lakeshore, or by any legal remedy afforded by statutes; which may include adding the arrears to the tax roll.

All rates and charges shall be a lien on my interest in the property pursuant to the Municipal Act, 2001, S.O. c.25, s. 398(2).

This request will not be implemented until the **tenant deposit of \$200.00** is received and both the owner and the tenant sign this form. Any arrears on the above utility account must be paid in full prior to this request being accepted by the Town of Lakeshore.

This authorization is non-transferable and must be renewed for any and all Ownership and/or Tenancy changes.

(SIGNATURE OF OWNER)

(SIGNATURE OF TENANT)

DATE: _____

DATE: _____

MAILING ADDRESS:

MAILING ADDRESS:

TELEPHONE: _____
(HOME)

TELEPHONE: _____
(HOME)

(WORK)

(WORK)

For Office Use Only

Date Deposit Received: _____

Form of Deposit: Cash **Certified Cheque** Money Order
(Circle applicable payment method)

New Account #: _____

Account Added to computer: _____ Initials: _____
(Date)

Moving Information:

Date of Move – Final Reading: _____

Final Bill Issued: _____ _____
(Date) (Amount)

(Attach Final Bill to be sent to customer with refund cheque)

Amount of Refund: _____

Date Refund Issued: _____

Forwarding Address for Refund: _____

Refund Cheque #: _____