



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

Please put the following account "IN CARE" of the name(s) listed below, until further notification.

I/We, as the property owner(s) understand that should the account become delinquent, I/we are responsible for all monies due.

Move-In Date (MUST be 1<sup>st</sup> day of the month): \_\_\_\_\_  
*NOTE: District bills in the arrears & statements are NOT pro-rated.*

PAWSD Acct Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Tenant/In Care of Information:**

**Must be completed in its Entirety.**

**\$15.00 Transfer Fee assessed to tenant on 1<sup>st</sup> statement.**

Name: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Owner Information:**

**Affective 02-01-2016: \$15 Transfer Fee assessed to owner upon removal of tenant from the account.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Number:  
(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_