



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 1st 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 1st 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: _____