

## BILLING AGREEMENT FOR RENTAL ACCOUNT

\*Please check one of the boxes below\*

☐ Owner	to Tenant	☐ Tenant to Owner	CSR
NAME (OWNER) _		A	.CCOUNT #
SERVICE ADDRES	SS		
MAILING ADDRES	SS		
PHONE #		EMAIL	
NOTES:			
I hereby authorize C and address below u			nd all billings on my account to the person(
NAME (TENANT)		E	FFECTIVE DATE
MAILING ADDRES	SS		
PHONE #		EMAIL	
I give p	ermission for	'tenant' to make payment a	rrangements for bill
	I allow	'tenant' to be able to be or	n draft
			e (at address provided) by Crystal Clear ior to disconnection of service.
service as a third par	ty. I am respo		he account and the tenant is to be billed for int balance is kept current; all fees and ty would need to be paid.
SIGNATURE		DISTRICT USE ONL	ATE
	NEW T	TENANT ACCOUNT #	
		LETED BY	
	DATE		

Non-Discrimination Statement

"This institution is an equal Opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found on line at http://www.ascr.usda.gov/complaint filing custhtml, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the Information requested in the form. Send your completed complaint form or letter to us by mall at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, byfax (202) 690-7442, or email at program.lntake@usda.gov ."