

SOUTH ISLAND PUBLIC SERVICE DISTRICT
TENANT'S APPLICATION FOR WATER AND/OR SEWER SERVICE

Owners Name: _____

Account # _____

Name & Address of Applicant

Property Address:

Effective Date for Service:

Phone: _____

I hereby make application for water and/or sewer service to the property identified above and located within the South Island Public Service District area. I agree to comply with the following rules and regulations of the South Island Public Service District.

1. Any damages to the District's water system, water meter or laterals as a result of activities under control of the applicant will be repaired by the Utility Company and the cost of the repairs will be paid by the applicant upon receipt of an invoice from the District.
2. It is the responsibility of the applicant to keep the water meter accessible for reading. Any covering by soil, building materials, debris, etc., shall be removed by the applicant.
3. Bills will be mailed quarterly and are payable by the "Due Date" indicated on the bill. If payments are received after the "Due Date, a penalty will be added to the balance.
4. The District does not collect security deposits from tenants. Billings can be placed in the tenant's name upon the consent of the Owner or the Owner's Agent. When the consent is given, the Owner agrees to assume any financial responsibility not met by the tenant when the property is vacated. This responsibility would consist of water and sewer billings for a maximum period of three months. Therefore, it is incumbent for the Owner or the Owner's agent to collect security deposits adequate to cover this potential liability.

Failure of the applicant to comply with these rules and regulations will result in termination of water service to the applicant and service to the applicant at other locations within the area serviced by the District may be denied. If service is discontinued for any of the reasons stated above, there will be a \$50.00 reconnection fee.

Date

Signature of Applicant

Signature of Owner or Owner's Agent

Please email or fax to lynn@sipsd.com 843-842-6029