



ACCOUNT #: \_\_\_\_\_

CID#: \_\_\_\_\_

E-bills: \_\_\_\_\_ ACH: \_\_\_\_\_

2515 Highlands Rd - Punta Gorda, FL 33983 - Phone (941) 625-2288 - Fax (941) 625-9584

**TENANT APPLICATION FOR SERVICE:**

Application is hereby made for water service with CHARLOTTE HARBOR WATER ASSOCIATION, INC.

Type of service desired: Residential: Single \_\_\_\_\_ Multi Unit \_\_\_\_\_ Unit # \_\_\_\_\_

Commercial: building to be used for \_\_\_\_\_ # of units \_\_\_\_\_

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

Service Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tenant Deposit (Refundable when property is vacated)	\$ _____
Other Charges _____	\$ _____
Total	\$ _____

Copy of Proof of Tenancy:

- Lease
- Letter from Owner
- Ch. Cty Property Appraiser
- Identification

Customer hereby agrees:

1. To abide by the by-laws and Rules and Regulations of the Association and all amendments thereto.
2. That the Association may install a water meter and cut-off valve on the premises and that the Association shall have free access to such equipment at all times and shall have exclusive rights to turn water off and on.
3. That no well or other water source shall be connected to the water distribution system on the property.
4. That water will not be supplied by the customer to any other user or connected to any additional structure or facility without the written consent of the Association.
5. To pay for water at such rates, time and place as shall be determined by the Association and that failure to pay any billing by the due date shall cause the bill to become delinquent and subject to a \$10.00 penalty charge. Should any bill not be paid by the due date, Service is disconnected due to nonpayment or delinquent payment of five (5) calendar days or more, or for any violation of these rules and regulations or violating the CHWA by-laws.
6. The Association may shut off the water temporarily whenever necessary to make repairs and add new water line extensions.
7. Subject to any and all applicable fees. See Fee Schedule.

Accepted this _____ Day of _____ 202__ CHARLOTTE HARBOR WATER ASSOCIATION, INC. By _____
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Customer's Signature

*"This institution is an equal opportunity provider and employer."*

Revised 12/10/2020