

Helendale Community Services District

OWNER-TENANT AGREEMENT
OWNER PORTION

26719 Vista Road, Suite 3
P. O. Box 359
Helendale, CA 92342-0359
(760) 951-0006 Fax (760) 951-0046

Effective Date _____ Account No. _____

Property Address _____

Owner's Name _____ Phone No _____

Mailing Address _____

City _____ State _____ Zip _____

Driver's License No _____ Social Security No _____

Name of tenant authorized to receive the bill _____

Do you wish to receive a duplicate copy of the tenant's bill? Yes No Copy of Closing Bill Only

Where the owner rents his/her premises to a tenant and wishes to have the tenant billed for water/sewer service, a standard form shall be provided by the Helendale CSD which shall be signed and notarized by BOTH the Owner and the Tenant. Said agreement does NOT relieve the Owner of responsibility of unpaid bills on the property.

Failure to receive a bill does not relieve Owner of liability. Any amount due shall be deemed a debt to the Helendale CSD and may be subject to disconnection, a lien against the property, or legal action, at the option of the Helendale CSD.

Date _____

OWNER'S SIGNATURE

NOTARY ACKNOWLEDGEMENT

State of California)
) ss.
County of _____)

On _____ before me _____

a Notary Public, personally appeared _____
who proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State
of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)