

West Davis Rural Water Corporation
PO Box 204-28235 State Hwy 7, Hennepin, OK 73444
Ph: 580-868-2269 Fax: 580-868-2271
westdavisruralwatercorp@gmail.com

TENANT AUTHORIZATION FORM

To allow someone other than the Benefit Unit Owner to receive the monthly water bill, please provide the current occupant information and sign below.

Understand that we do require \$150.00 deposits from tenants but that the Benefit Unit owner is responsible for any charges left on the account.

Tenant Information

West Davis Rural Water Benefit Unit Number: _____

Tenant Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Other Number: _____

Email: _____

Effective Date: _____

Benefit Unit Information

Benefit Unit Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Other Number: _____

Email: _____

I authorize West Davis Rural Water to mail billing statements to the above address.

Signed: _____ Date: _____
(Benefit Unit Owner)

If you have any questions about this process, please call our office 580-868-2269.