RENTERS AFFIDAVIT

TO BE COMPLETED BY RENTER

I,	do herby affirm that I	am the legal
occupant of the following	do herby affirm that I described property:	
		•
	ities to be turned on and und	
am fully responsible for al	l bills incurred for the use of s	said utilities.
	I must abide by all provisions	
	, backflow protection policy, v	
	ent. Copies of the policy and a	
	h Water office. Any violation of	
policy or agreement may of	cause all utilities to be discon	nected.
Affiant/Non-owner Occup	oant: Signature	
	Signature	aate
TO DE COMT	DIETED DV OWNED /ACE	NT
TO BE COMP	PLETED BY OWNER/AGE	<u> </u>
T.	do hereby attest th	at I have
ranted the Property descri	do hereby attest the bed above to:	atimave
Tented the Property descri	Tenants name	
As of	Term of Lease:	
Date		
Owner/Agent:		
Owners address:		
Owners telephone#		- :
Owner/Agent signature:	FF	
	ble for all unpaid bills of	
	tem, Inc. policy. Account	belongs to
property not individua	ds.	