



# EL OSO WATER SUPPLY CORPORATION

4098 South Hwy 181  
Kenedy, TX 78119  
830-583-3543  
Fax: 830-583-3550  
www.elosowater.com

## ALTERNATE BILLING AUTHORIZATION FOR RENTAL ACCOUNTS

### MEMBER/LANDLORD INFORMATION

Member Name (Please Print)		Date
Member's Mailing Address		City, State, Zip Code
Member's Telephone Number	Member's Email Address	
Service/Location Address (location Number)		Member's Account Number

### RENTER'S INFORMATION

Renter(s) Names(s)	
Renter's Mailing Address	
City, State, Zip Code	
Renter's Telephone Number	Renter's Email Address

### MEMBER/LANDLORD AGREEMENT

I hereby authorize El Oso Water Supply Corporation to send the bills on my account to the person(s) and address above (Renter's Information) until further written notice.

I understand that El Oso Water Supply Corporation will bill the renter/lessee named above for water service as a third party, but I, as the Member, am fully responsible for any and all unpaid bills left by the renter/lessee. I shall take responsibility for any necessary deposits from the renter/lessee to ensure payment of any past due bill. Should this account become delinquent, water service will be subject to termination under the policies of the Corporation, and shall not be reinstated until all debt to the Corporation has been paid. The Corporation will notify me, the Member, of the renter's/lessee's past due account status subject to disconnection of service.

I understand that I must sign a new "Alternate Billing Authorization" each time I want the billing information changed. If the person(s) authorized to receive the billing notifies the Corporation to take a final reading, the billing will automatically revert back to me, the Member.

### MEMBER SIGNATURE AUTHORIZATION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against individuals seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individuals on the basis of visual observation or surname.

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|--|--|--|
| <input type="checkbox"/> To Opt Out Check Here | <input type="checkbox"/> White, Not of Hispanic Origin     | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Male                  | <input type="checkbox"/> Black, Not of Hispanic Origin     | <input type="checkbox"/> Hispanic                  |
| <input type="checkbox"/> Female                | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other (Specify)           |

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