



# Floral City Water Association Inc.

P.O. Box 597 Floral City, Fl 34436  
8189 South Florida Avenue  
Phone (352) 726-3366 Fax (352) 726-6063  
www.fcwater.com

## **Bill to Tenant Authorization Form**

I, the legal owner and account holder on record with Floral City Water Association, Inc. request to have all monthly bills mailed to the current occupant or tenant. I completely understand that although bills are mailed to the occupant/tenant, I am still FULLY responsible for any unpaid balances, fee, and or reconnect charges incurred on the account. Floral City Water Association, Inc. will not release any personal information such as property owner address, phone number and any documents that are scanned into the account on record including banking account information. Floral City Water Association Inc. **cannot mail duplicate invoices, therefore only the tenant will receive the original bill.**

Please initial the following:

\_\_\_\_\_ I authorize the current occupant/tenant the right to access account information such as balance inquires, due dates, penalty/disconnect charges, usage information and/or usage history.

Tenant (s) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Account Service Address: \_\_\_\_\_

Owner Account # \_\_\_\_\_ Owner Phone Number # \_\_\_\_\_

Owners Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Owner

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

By \_\_\_\_\_ (name of signer)

\_\_\_\_\_  
Signature of Notary

Seal of Notary

\_\_\_\_\_  
Printed Name of Notary

