



APN # _____

IVGID PUBLIC WORKS · 1220 SWEETWATER ROAD · INCLINE VILLAGE NV 89451
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DESIGNATION OF TENANT/AGENT

As the owner of _____ (property address),
account # _____, I hereby authorize the following tenant/agent(s):

Tenant:

Agent* (if blank Owner will receive copy of statement):

Tenant Name

Agent Name

Tenant Mailing Address

Agent Mailing Address

City State Zip Code

City State Zip Code

Tenant Phone Number

Agent Phone Number

Tenant Email Address

Agent Email Address

Date of Move-In (Note: IVGID will not prorate charges)

*Owner, or agent assigned above, will receive a copy of the statement by mail or may sign up for paperless statements through online account access. I understand that correspondence may only be sent to my tenant/agent's mailing address.

I acknowledge that all charges, fees and amounts due and payable shall be billed to the owner of the premises, whether or not the owner is also the occupant. The District will not prorate charges on account upon transfer of tenant. Base charges on the account are billed in advance and consumption charges are billed in arrears. With this designation I am not waiving the District's right to collect for service from me as the owner of the property served.

Signature of Owner or Agent (if Designation of Agent on file)

Date

Print Owner's Name

Owner's Mailing Address

City State Zip Code

Owner's Phone Number

Owner's Email Address