

PECOS COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT NO. 1

PO BOX 696 4375 N HWY 1053
FORT STOCKTON TX 79735
432-336-3977 PHONE 432-336-3052 FAX
pcwcid1@gmail.com email

Alternate Billing Agreement for Rental Account

Name: _____ Meter # _____

Address: _____ Account # _____
_____ Phone # _____

I hereby authorize Pecos County WCID #1 to send all billings on my account to the person(s) and address listed below until further notice:

Name: _____ Phone # _____

Address: _____

I understand that under this agreement I am responsible for seeing that the account balance is paid each month. This agreement is simply giving Pecos County WCID #1 permission to mail the bill directly to the renter. In the event the renter fails to pay the bill I am ultimately responsible.

I understand that I will receive no notice of delinquency from Pecos County WCID #1 until the account is 90 days delinquent per the District's Rules and Regulations.

Owner Signature

Renter Signature

Date

Date