



Account # _____

Date Received: _____

OWNER/RENTER AUTHORIZATION

Water Service Location: Quarter _____ Section _____ Township _____ N Range _____ W

Name on Account ("Member") _____

Rural Water Service Address: _____

City: _____ State: _____ Zip: _____

Member Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Member Telephone Number: _____

Member email Address: _____

Account Number: _____

ASSIGNMENT

The undersigned Member of Northwest Rural Water District ("District") hereby authorizes the temporary transfer of the rights and responsibilities of the account described herein to the Tenant identified below, and authorizes the Tenant to have, direct, and pay for the water service provided at the Service Address identified above and billed to the Tenant identified below:

Authorized Tenant(s) Name(s): _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email Address: _____

Account Number: _____

Tenant hereby agrees to pay the monthly fees and all volumetric charges for any and all water service provided, beginning on the following date: _____ and ending upon thirty (30) days' written notice to the District by Tenant or Landlord. Any notice to terminate must include the forwarding address for Tenant and an up-to-date mailing address for Landlord. During the tenancy, Tenant agrees to comply with and be bound by agreements between Landlord and the District, as well as all policies, Bylaws, Rules and Regulations of the District throughout that time. Tenant shall be subject to the imposition of penalties by the District for noncompliance.

The Landlord hereby understands and agrees that, as owner of the membership and property, Landlord is jointly and severally liable along with Tenant for full payment of Tenant's obligations to the District and that if the Tenant fails to keep the payments on this account current, the Landlord will be responsible for any past due amount.

Date

Member Signature

Date

Tenant Signature

Return completed form to: NWRWD, PO Box 1285, Williston, ND 58802-1285 OR email the completed form to office@northwestruralwater.com OR bring it to our office at 5091 142nd Ave. NW, Williston, ND 58801.

Please call (701) 774-8915 if you have any questions.

COMPLETED FORM MUST BE RETURNED TO THE OFFICE WITHIN 5 DAYS OF MOVE IN DATE LISTED ABOVE.