



**EAST BAY MUNICIPAL UTILITY DISTRICT
AGREEMENT FOR INTERVENING WATER SERVICE**

I am the owner/property manager for the property(ies) listed on the reverse side of this form. I am submitting an application for uninterrupted water service whenever any tenant of this property who is the customer of record (“customer tenant”) requests that water service be discontinued. In such event, I request that EBMUD render a closing bill to the customer tenant and that water service be transferred to my account. I include with this application payment in the amount of ninety-two (\$92) to cover EBMUD’s processing costs. I also agree to pay the amount of ninety-two (\$92) for each subsequent written request to add or delete a property(ies) covered by this Agreement.

I agree to assume responsibility for all water service delivered during the intervening period between customer tenants, including all rates and charges therefor. I also fully understand that it is my obligation to verify that water service has been transferred to the account of a successor tenant in order to terminate my responsibility hereunder. I understand and agree that, irrespective of any dispute between myself and a tenant regarding responsibility for the water service, I will make timely payments to EBMUD of all rates and charges incurred during the period of such dispute. I further acknowledge that EBMUD has the right to disconnect water service to a tenant for non-payment of water bills.

I understand that this agreement is not transferable. However, it is understood that either party may cancel this agreement by giving ten (10) days written notice. I further understand that my failure to make timely payment will result in cancellation of this agreement. In the event of such cancellation, I understand that water service will not be continued when a customer (tenant) requests service termination and that payment of the standard Account Establishment Fee shall be required to establish and maintain water service between tenants each time such service is requested.

Agreement accepted by:

Signature (Owner/Property Manager)

Signature (EBMUD Personnel)

Print Name and Title

Print Name and Title

Date

Date



DO NOT WRITE IN THIS SPACE	To be completed by
EBMUD	
Agreement No.: _____ Effective Date: _____	

Driver's License Number

Last 4 digits of Social Security Number

Mailing Address

City State ZIP

() _____ () _____
Home Telephone Work Telephone

Rental Property Address:

City, ZIP Code

Please mail completed Agreement and application fee(s) to:

EAST BAY MUNICIPAL UTILITY DISTRICT
P.O. Box 24055, MS 42/Landlord
Oakland, CA 94623-9979