



RUNNING SPRINGS WATER DISTRICT
A MULTI-SERVICE INDEPENDENT SPECIAL DISTRICT

31242 Hilltop Boulevard • P.O. Box 2206
Running Springs, CA 92382

Owner Billing Agreement

Property located at:

Street Address: _____

Account Number: _____

Name of Agent/Tenant: _____

Effective: Month_____ Day_____ Year_____ all water and sewer fees and charges for the above property are to be billed to the tenant/agent. This includes but is not limited to the monthly water and sewer fixed service charges, monthly water and sewer usage and any applicable late fees. A deposit will be required in the amount of \$200.00, and will be refundable once the account is closed and paid in full. Deposits will not be applied towards regular monthly bills. Please allow 7 to 10 business days for all refunds.

I, being the owner, request billing to the above Agent/Tenant in accordance with the attached Agent/Tenant Billing Agreement until further written notice to the Running Springs Water District. I do, however, understand that this agreement is for the convenience of the owner and Agent/Tenant, and that the legal owner of the property is in no way relieved of the responsibility of any unpaid District bills on this property. Under this agreement, the Running Springs Water District will bill the Agent/Tenant and make normal attempts to collect same, but the District is not required to bring legal action against the Agent/Tenant to collect on Agent/Tenant failure to pay. I also understand that the water service may be discontinued to the property when a water and/or sewer bill is sixty (60) days delinquent. Additionally, at the option of the Running Springs Water District, bills that are sixty (60) days delinquent may be forwarded to the County of San Bernardino for collection on the Owners Annual Tax Bill as per Sections 31701, 31701.5 and 31701.6 of the California County Water District Code.

Owner's Name: _____

Mailing Address: _____

Email Address: _____

Telephone No.: _____

Signature: _____ Date: _____

For Office Use Only

Deposit received: ___ Cash ___ Check ___ Money Order ___ Credit Card

Return Deposit to: _____

Refund Date: _____ Refund Check No.: _____