



Bona Vista Water Improvement District

2020 W 1300 N, Farr West, Utah 84404

Phone (801) 621-0474

customerservice@bonavistawater.gov

Landlord Agreement

Service Address:	Address:	City:	Zip:
Owner:	Name		
	Address:	City:	Zip:
	Date of Birth:	Phone Number:	
	Email:		
	Place of Employment:		
Tenant Information:	Name:		
	Email:	Phone Number:	
Effective Date of Service:			
<ul style="list-style-type: none"> I hereby give permission for services at the above listed service address to be put into the name of any personas who will be renting the property from me. I understand that the District provides culinary water service for the above stated address and handles the billing and collection of fees for sewer, garbage, storm drain, and other miscellaneous services in Farr West, Harrisville, Marriott-Slaterville, Plain City, parts of West Haven, parts of unincorporated Weber County and areas served by Central Weber Sewer District. By agreement with these entities, the rates are set by the owning entity and the District merely handles the billing and collecting for the same. Bona Vista Water District's Resolution 9-2005 states in part: It is the intention of this action that all service accounts of the District shall be in the name of the property owner who shall at all times be responsible for payment of the service account. As an accommodation to a property owner, the District may send the regular billing for service to the property address but the property owner shall remain responsible to pay the amount(s) due. In the event of failure to pay for services at the above mentioned property, I hereby authorize the District to shut off the water to this property at its election and without further notice to me. The undersigned further agrees to be bound by all the rules and regulations of Bona Vista Water District for the control of its water system. The undersigned specifically agrees to pay all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The undersigned specifically agrees to pay all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional amount of forty percent (40%) of the principal balance if the account is referred to a collection agency or attorney for collection. 			
Signature:		Date:	
<i>(Electronic signatures will not be accepted)</i>			

For Office Use Only:

Account Number: