

**TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT  
OWNER AUTHORIZATION FORM**

109 West Main Street / P.O. Box 325  
Byrdstown, TN. 38549  
PH: 931-864-6215 / WEB: www.byrdstownwater.com

ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO: THE TOWN OF BYRDSTOWN WATER AND SEWER DEPARTMENT**

PROPERTY ADDRESS: \_\_\_\_\_

I request water/sewer service be established and future bills for the above property address to be sent to my

tenant(s): \_\_\_\_\_  
(NAME...PLEASE PRINT)

My tenant's telephone or contact number is: \_\_\_\_\_. This tenant moved in on \_\_\_\_\_.  
(DATE)

The agreement between the tenant listed above and I regarding water leaks is as follows:

\_\_\_\_\_ will be held responsible for any and all charges due to the  
(NAME...PLEASE PRINT)

Town of Byrdstown related to water leak(s) at this property address.

OWNER: \_\_\_\_\_  
(NAME...PLEASE PRINT)

ADDRESS: \_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
(PLEASE PRINT)

PHONE #: \_\_\_\_\_  
(AREA CODE & NUMBER)

OWNER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

RENTER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, the owner and tenant state they understand and accept the statements within this Owner's Authorization form.