TOWN OF BYRDSTOWN
WATER AND SEWER DEPARTMENT
OWNER / PROPERTY MANAGER VERIFICATION

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

RENTAL PROPERTY INFORMATION

SERVICE ADDRESS (Include unit/apt. #'s):_____

_____

_____

_____

_____

_____

_____ _____ _____

(CITY) (STATE) (ZIP CODE)

CONTACT INFORMATION

PROPERTY MANAGER'S NAME: _____
(Please print)

PROPERTY MANAGER'S PHONE #: (___) _____

All billing, tenant, leak, etc questions should be directed to property manager? Yes ( ) No ( )

If no, who should we direct questions to? Name: _____
(Please print)

TELEPHONE: (___) _____ CELL PHONE: (___) _____FAX: (___) _____

The above listed property manager has my complete authority to act on my behalf when notifying and/or making necessary changes regarding tenants, accounts, billing, etc surrounding my rental property(s).

LEGAL OWNER OF PROPERTY: _____ _____ _____
(NAME…please print) (Legal signature) (Date)

TELEPHONE: (___) _____ CELL PHONE: (___) _____FAX: (___) _____