



Floral City Water Association Inc.

P.O. Box 597 Floral City, FL 34436
8189 South Florida Avenue
Phone (352) 726-3366 Fax (352) 726-6063
E-Mail fcwater@tampabay.rr.com
Website www.fcwater.com

I, the legal owner and account holder on record with Floral City Water Association Inc., request to have all monthly bills mailed to the current occupant or tenant. I completely understand that although bills are mailed to the occupant/tenant, I am still **fully responsible** for any unpaid balances, fees, and or reconnect charges incurred on the account. Floral City Water Association Inc. will not release any personal information such as property owner address, phone number and any documents that are scanned into the account on record including banking account information. Floral City Water Association Inc. **cannot mail duplicate invoices, therefore only the tenant will receive the original bill.**

Please initial the following:

_____ I authorize the current occupant/tenant the right to access account information such as balance inquiries, due dates, penalty/disconnect charges, usage information and/or usage history.

Tenant(s) Name: _____ Phone # _____

Account Service Address: _____

Owner Account #: _____ Owner Phone Number # _____

Owner's Address: _____

Signature of Legal Owner

Date

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me

This _____ day of _____ (month), _____ (year)

By _____ (name of signer)

Signature of Notary

Seal of Notary

Name of Notary, printed, typed, or stamped