

GONZALES COUNTY WATER SUPPLY CORPORATION
P. O. DRAWER 749
GONZALES, TEXAS 78629
Phone 830-672-6509 FAX 830-672-7959
www.gcwsc.org

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

ACCOUNT HOLDER

NAME: _____ METER #: _____
ADDRESS: _____ ACCT #: _____
CITY/STATE _____ METER READING _____
PHONE: _____ CELL _____

I hereby authorize Gonzales County Water Supply Corporation to send all billings on my account to the person and address below until further written notice:

RENTER/LEASEE

NAME: _____
ADDRESS: _____
CITY/STATE: _____
PHONE: _____ CELL _____
DRIVERS LICENSE: (state) _____

I understand that under this agreement, I will be given notice by the Corporation of all delinquencies on this account prior to disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the Corporation's Tariff.

I also understand that I am responsible to see that this account balance is kept current, as is any other Member of the Corporation. Should this account be disconnected, it shall not be reinstated until all debt on the account has been retired.

I am the landowner/member authorized to sign on this account.

Signature _____

Date _____