

**CRESWELL HEIGHTS JOINT AUTHORITY**

3961 JORDAN STREET PO BOX 301

SOUTH HEIGHTS PA 15081-0301

www.creswellwater.net

OFFICE: (724) 375-1303

FAX (724) 375-6020

This is to verify that I own the property \_\_\_\_\_

This is serviced by the Creswell Heights Joint Authority. I have rented the property to

Tenant Name: \_\_\_\_\_ Tenant Phone: \_\_\_\_\_

As of \_\_\_\_\_ and am requesting that the water bills be sent care of the tenant.

I assume full responsibility in paying the water bills if they are not paid by the tenant; therefore, I fully authorize you to send the bills in care of the tenant until advised differently from me.

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print)

Owner's Signature \_\_\_\_\_

Owner's Address \_\_\_\_\_  
\_\_\_\_\_

**THE AUTHORITY WILL NOT BE RESPONSIBLE FOR ISSUING DUPLICATE BILLINGS; BILLINGS WILL BE SENT ONLY TO THE TENANT.**

**COMPLETE FORM AND RETURN TO OFFICE INCLUDING DRIVER'S LICENSE COPY FOR VERIFICATION OF IDENTITY**

**FOR OFFICE USE ONLY**

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Account No. \_\_\_\_\_

File No. \_\_\_\_\_