

CRESWELL HEIGHTS JOINT AUTHORITY

3961 JORDAN STREET PO BOX 301

SOUTH HEIGHTS PA 15081-0301

OFFICE: (724) 375-1303
FAX (724) 375-6020

This is to verify that I own the property at _____

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 _____

**COMPLETE FORM AND RETURN TO OFFICE INCLUDING DRIVER'S
LICENSE COPY FOR VERIFICATION OF IDENTITY
TENANT FORM FEE \$25**

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

**OWNER AND TENANT WILL RECEIVE LATE NOTICES, CERTIFIED
LETTERS AND PROPERTY POSTINGS**

**OWNER MAY REQUEST A TENANT'S FINAL READ AND FINAL BILL BY
CALLING AT LEAST 48 HOURS PRIOR TO TENANT'S LAST DAY
TENANT FINAL READ FEE \$25**

FOR OFFICE USE ONLY

Account No. _____

File No. _____