



# OWNER AUTHORIZATION FOR TENANT UTILITY

TOWN OF BERRYVILLE  
101 Chalmers Court, Suite A - Berryville, VA 22611  
540-955-1099

Today's Date: \_\_\_\_\_ Tenant Move In Date: \_\_\_\_\_

RE: \_\_\_\_\_

*Tenant(s) Name & Business Name (if applicable)*

*Town of Berryville Service Address*

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ has entered into a lease for the property located  
*Tenant Name & Business Name (if applicable)*  
at \_\_\_\_\_ and is authorized to obtain Water/Sewer  
*Town of Berryville Service Address*  
Services at the above address as a tenant of \_\_\_\_\_.  
*Property Owners/Business Name*

I understand that a lien may be placed on this property for services used by the tenant if, after proper notification, I fail to pay the amount of the outstanding balance within thirty (30) days.

Property Owners Phone Number: \_\_\_\_\_

Property Owners Mailing Address: \_\_\_\_\_

\_\_\_\_\_

## ALL NAMES ON DEED OF PROPERTY MUST PRINT & SIGN BELOW

Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Property Owner Please Print* *Property Owner Signature*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Property Owner Please Print* *Property Owner Signature*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
*Property Owner Please Print* *Property Owner Signature*

Attach any additional Property Owner Signatures

**AUTHORIZATION FORM WILL NOT BE ACCEPTED IF INCOMPLETE**

(ALL fields must be filled in/completed)