



Mt. Crested Butte Water & Sanitation District
PO Box 5740
Mt. Crested Butte, CO 81225-5740
(970) 349-7575 Fax: (970) 349-0412
info@mcbwsd.com

To: Mt. Crested Butte Water & Sanitation District: Date: _____
Please put the following account "IN CARE" of the tenant name(s) below. I/We understand, should the account become delinquent, I/we (owners) are responsible for all monies due. Tenants will not be billed unless the amount due for service prior to them moving in is paid in full. Monthly billings will not be prorated. Receipt of both signatures required before completion.

Effective Dates: From: _____ To: _____

Account Number: _____

Property Address: _____

Tenant Information:

Name(s): _____

PO Box or Mailing Address: _____

City: _____ State: _____ Zip: _____

Tenant Signature: _____ Date: _____

Phone: _____ Email: _____

Owner Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____ Email: _____

The undersigned acknowledges that non-payment of the water/sewer charges will result in the filing of a perpetual lien on the property.

Owner Signature: _____ Date: _____

CORRECT BILLING ADDRESS REQUIRES DISTRICT NOTIFICATION WHEN A TENANT VACATES DWELLING

For Office Use Only:

Date: _____ By: _____
Auto Pay: ____ No ____ Yes