Charlotte County Government
25550 Harbor View Rd
Port Charlotte, FL 33980
941.764.4300
941.764.4557 (Fax)

CHARLOTTE COUNTY UTILITIES RENTAL ACCOUNT AGREEMENT

Ordinance 2007-179 (Charlotte County Utilities Credit and Collections, Section 1, Item C) states: "All residential accounts shall be established in the name of the owner of the property, with the owner of the property being responsible for all charges due." As a convenience to the Property Owner, Charlotte County Utilities will, upon request, send a copy of the bills to and receive payment from an Authorized Agent or Tenant in Good Standing*. This in no way relieves the Property Owner of liability for charges, and Utilities will not be obligated to notify the owner/principal of non-payment of bills or other charges incurred by Agent or Tenant. All accounts must have a zero balance before Tenant can be added.

(Please Print or Type Below)

I, _____, as Owner or Authorized Agent of the property located at:
(Your Name)

_____,
(Property Address)

hereby authorize Charlotte County Utilities to send a copy of the monthly Utilities bill for this property to:

_____ _____ _____
Name of Tenant or Authorized Agent *Tenant's Driver License No.* *State of Issuance*

_____ _____ _____
Last 4 digits of Tenant's SS# *Tenant's Phone Number* *Tenant's E-mail Address*

_____
Tenant's Prior Address

_____
Owner's Name/ Mailing Address

_____ _____
Owner's Phone Number *Owner's E-mail Address*

_____ _____
Authorized Agent's Phone Number (if applicable) (fax number) *Effective Date of Occupancy*

_____ _____
Signature of Property Owner or Authorized Agent *Date*

- Tenant will receive copy of monthly statement beginning the next scheduled read date.
- I understand as Owner, I will also receive all Utilities bills and correspondence.
- I understand, as Owner, I am responsible to notify Utilities when a Tenant/Agent status changes.
- I understand I must notify Utilities of Owner's change of address, phone or e-mail address.
- I understand, as Owner, I am responsible for any balance on the account and am subject to disconnection of services and a lien on the property if unpaid.

* Agent/tenant will be deemed in good standing unless Utilities database shows history of tampering, unauthorized use, returned check or any other unlawful activity.

Tenant Status: In Good Standing ☐ Not In Good Standing ☐

I have been informed that this Tenant is Not in Good Standing and understand that I am fully responsible for all costs incurred by leasing this premise to this Tenant. _____ *(Owner initials here if applicable)*

Office Use Only: Tenant added as responsible party on: _____
(Date)