

Move in Date: _____
GASTONIA – SCURRY SPECIAL UTILITY DISTRICT
P.O. BOX 68 – 8560 PAGE LANE * SCURRY, TEXAS 75158
972-452-3388

RENTERS ACKNOWLEDGEMENT FOR RENTAL ACCOUNTS
(The fees associated with this form cannot be paid by credit/debit cards)

Account Number : _____

Owner/Customer Name: _____

Renters Name: _____

Owner BILLING Address: _____

Service Address: _____

Phone#: _____

As a renter of property located within the Gastonia-Scurry Special Utility District (SUD) service area, I understand that I will be subject to all of the rules and regulations applicable to the customers of Gastonia-Scurry SUD as contained in the District's Rates & Service Order & Bylaws and the right to hold office on the District's Board of Directors.

I understand that I may obtain a copy of the Corporation's Tariff thru the open records request.

Owner/Customer Signature _____

Date _____

Renters Signature _____

Date _____

ALTERNATE BILLING OPTION

I, _____, **owner/customer of property located at:** _____

Hereby authorize Gastonia-Scurry SUD to send all billings on my account to the person(s) below until further written notice:

Renter's Name: _____

BILLING Address: _____

Phone#: _____

I understand that I am responsible to see that this account balance is kept current, as is any other account in the District . This account shall not be reinstated until all debt on the account has been retired

Renter Deposits are not taken by the District. The property owner is responsible for any deposits by the renter. I also understand that under this agreement, I will be given notice by the District of all delinquencies on this account prior to disconnection of service. An Alternate Billing fee of \$25.00 shall be charged to the account when billing is transferred into the renter's name and a \$25.00 fee shall be charged when the billing is transferred back to the owner of the account in accordance with the provisions of the District's Rates & Service Order.

Owner/Customer Signature _____

Date _____

Owner/Customer to complete

Un-highlighted areas to be completed by Renter

For Office Use Only	
Completed Form	_____
Move In Date	_____
0 Balance	_____
Owner (address)	_____
Renter	_____
ABF Adjustment	_____
Label	_____
Acct Actions	_____