



Town Of Star City

• 370 Broadway Avenue • Star City, West Virginia 26505•

Telephone: (304)599-3550 FAX: (304)599-1130

Star City Water Landlord Agreement

Effective Date: _____

Name (Owner): _____

Mailing Address: _____

Phone #: _____

Social Security or Tax ID Number: _____

I agree that water/sewer/trash service will be left on and billed to the address above whenever a tenant at any of the addresses below requests a discontinuation of service. I understand I will be responsible for all utility usage at the address for so long as the utility remains in my name. This agreement is not applicable if service is disconnected for non-payment of a bill.

I understand that I am responsible for the billing up to such a time that the Town of Star City receives proper notification that the address has been rented. I understand that I can contact The Town of Star City to verify that a tenant has signed up for an account.

I understand that if I request the service to be shut off for any reason and turned back on under my name, there will be a reconnection charge of \$25.00.

Addresses to be cover by this agreement:

This agreement will remain in effect until the Town of Star City receives written notification to cancel the agreement. IT IS THE OWNERS RESPONSIBILITY TO NOTIFY THE TOWN OF STAR CITY IF THE PROPERTY IS SOLD.

SIGNED: _____ DATE: _____

Acct Number: _____

Star City Water Discontinuation of Landlord Agreement

Effective Date: _____

Name (Owner): _____

Mailing Address: _____

Phone #: _____

Social Security or Tax ID Number: _____

I request the discontinuation of the landlord agreement with the Town of Star City on the effective date of this agreement for the addresses listed below. I understand whenever a tenant at any of the addresses below request a discontinuation of service the water/sewer/garbage service will be terminated.

Addresses to be cover by this agreement:

SIGNED: _____ DATE: _____

Acct Number: _____

Processed by: _____