

Running Springs Water District
A Multi-Service, Independent Special District
31242 Hilltop Boulevard * Post Office Box 2206
Running Springs, California 92382

BILLING AGREEMENT

ACCT#: _____ DATE: _____

NOTE: Bills shall be rendered for at least the minimum service charge each month. Bills are due and payable upon issuance and are delinquent 21 days from issuance date. Water service may be discontinued to property where water bill is delinquent.

BILLING AGREEMENT FOR: LOT _____ BLOCK _____ TRACT _____

House Number and Street: _____

Effective: Month: _____ Day: _____ Year: _____ all bills for the above property are to be billed to the agent. This includes the monthly service charge, monthly water coverage, and the monthly service charge where water is connected.

AGENT

I, the Agent, have read the above and agree to pay promptly all bills issued in accordance with this agreement.
Send Agent Bills to:

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

AGENT SIGNATURE: _____ DATE: _____

OWNER

I, being the owner, request billing to the above Agent in accordance with the attached Agent Billing Agreement until further written notice to the Running Springs Water District. I do, however, understand that this agreement is for the convenience of the Owner and Agent, and that the legal owner of the above property is in no way relieved of the responsibility of any unpaid District bills on this property. Under this agreement, the Running Springs Water District will bill the Agent and make normal attempts to collect same, but the District is not required to bring legal action against the Agent to collect on Agent failure to pay. I also understand that water service may be discontinued to the property where a water bill is twenty-one (21) days delinquent. Also, at the option of the Running Springs Water District, bills that are sixty (60) days delinquent may be forwarded to the County of San Bernardino for collection on the Annual Tax Bill as per Sections 31701, 31701.5, and 31701.6 of the California County Water District Code.

DRIVER'S LICENSE: _____

OWNER'S NAME – Please Print: _____ PHONE: _____

MAILING ADDRESS: _____

SIGNATURE OF OWNER: _____ DATE: _____