



Konocti County Water District  
15844 35<sup>th</sup> Ave Clearlake, CA 95422  
Phone: (707)994-2561 Fax:(707)994-1107

## Transfer Agreement Form

**Physical Address:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

I, \_\_\_\_\_, give my permission for **Konocti County Water District** to change the water service into my tenant's name and address. I agree that all bills and notices for my aforementioned property may be mailed directly to my tenant \_\_\_\_\_ at the following address:

\_\_\_\_\_ (tenant's mailing address) \_\_\_\_\_ (city) \_\_\_\_\_ (state) (zip code)

\_\_\_\_\_ (phone #)

\_\_\_\_\_ (email address)

I, \_\_\_\_\_ as owner of the aforementioned property, understand that I am responsible for the water service and agree to pay all applicable charges and fees left unpaid by my tenant and/or any other person(s) living at the property listed above. I further understand that it is my responsibility to notify **Konocti County Water District** when a tenant moves out, and of any changes of billing address or phone number for myself or my tenant(s).

**Property Owner(s) Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Owner's Phone #:** \_\_\_\_\_

**Owner's Mailing Address:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Processed By: \_\_\_\_\_ Name Change Fee: \$20.00

Date: \_\_\_\_\_ Transfer Fee: \$100.00

APN: \_\_\_\_\_ Fee Billed/Paid on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Transfer Fee \$100.00** ☐

**Name Change Fee \$20.00** ☐

**Copy of ID** ☐