

ANIMAS WATER COMPANY

PO Box 1012
Durango, CO 81302

Tel: (970) 259-4788
Fax: (970) 259-5199

Member Authorization of Property Manager

Date:

AWC Account #:

AWC Route Code:

Meter Address:

Member(s):

Mailing Address:

City State Zip:

Phone #(s):

Email Address:

Property Manager:

Mailing Address:

City State Zip:

Phone #(s):

Email Address:

I / We _____, Member(s) of Animas Water Company hereby appoint my / our Property Manager. Animas Water Company is authorized to release any requested account information to said Property Manager. In addition, I / We give my / our Property Manager the authority to make billing name and address changes to my / our Animas Water Company account. This authorization may be terminated upon Animas Water Company's receipt of written notice of termination.

As Owner(s) of the Property listed above, I / We acknowledge that as the Sole Responsible Party, I / We will pay any outstanding balances due on this account, including any and / or all late payment penalties and service fees that may have been assessed in the event the Renters / Lessees fail to pay their monthly bill in full.

Signatures of Property Owner(s):

X:

Date:

X:

Date:

Signature of Property Manager:

X:

Date: