

**CITY OF LEONA WATER DEPARTMENT
PO BOX 35
MARQUEZ, TX 77865
903-626-4330**

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

NAME: _____

METER #: _____

ADDRESS: _____

ACCT #: _____

I hereby authorize City of Leona Water Department to send all billings on my account to the person(s) and address below until further written notice:

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ ALTERNATE: _____

EMAIL: _____

I understand that under this agreement that I will be given notice by the Water Department of all delinquencies on this account prior to disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the City of Leona's Water Department policies.

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

Signature _____

Date _____