



11821 W Picture Rocks Rd
Tucson, AZ 85743
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AVRA WATER CO-OP, INC. LANDLORD AGREEMENT

This agreement is entered into between Avra Water Co-op, Inc. and (Landlord name) _____

This _____ day of _____ (year) _____

WHEREAS, Landlord owns certain residential premises identified below and incorporated by reference herein.

Addresses to be covered by Agreement:

1. _____ Deposit: _____ Account #: _____
2. _____ Deposit: _____ Account #: _____

Whereas, the premises are from time to time leased to tenants and vacated thereby.

Whereas, Landlord desires that water service to the premises continue during those periods of time that the premises are vacated by tenants.

NOW THEREFORE, in consideration of the mutual covenants and promise contained herein, Avra Water Co-op, Inc. and Landlord agree as follows:

1. Avra Water Co-op shall provide water service to premises.
2. Landlord shall pay to Avra Water Co-op, at the rate then in effect for residential members for all water service provided the premises unless and until Avra Water receives notice that the premises or any one of them are occupied by a tenant who shall be liable for the payment for water service rendered thereto. Should Avra Water receive the above described notice, Landlord's liability for water service shall be restricted to those periods when the premises are vacated.
3. The applicable Security Deposit and Establishment fee will be charged to the Landlord for the initial connection of service under this agreement. The Security Deposit will be applied to the final bill and any amount remaining will be refunded. Thereafter, the Deposit and Establishment fee will not be charged to the Landlord's when service is established in Landlord's name, under the terms of this agreement.
4. This request shall continue in effect until such time as Landlord gives Avra Water written revocation of this request of such time as Avra Water elects to discontinue this agreement.

Name of Landlord: _____

Mailing address: _____

Home Phone number: _____ Business Phone Number: _____

S.S.N: _____

Signature: _____ Date: _____

AWC Rep: _____ Date: _____