



## OWNER/LANDLORD MASTER SERVICE AGREEMENT

This Owner/Landlord Master Agreement ("*Agreement*"), between the TOWN OF CLARKDALE

("Town") and: \_\_\_\_\_ ("*Owner/Landlord*"),  
(Print Name of Owner/Landlord)

entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Voluntarily guarantees water provided by the *Town*, to the certain real property located at:

LISTED PROPERTY	ADDRESS	CUSTOMER ID#

### RECITALS:

Whereas, the *Owner/Landlord* thereof, hereby authorizes the *Town*, to provide water services to the above listed property; and

Whereas, the *Owner/Landlord* rents/leases the property to tenants for various, periodic terms; and

Whereas, tenants often vacate the property with little, or no notice to the *Owner/Landlord*; and

Whereas, the *Owner/Landlord of the* above listed property, desires to have water services **automatically transferred** into the *Owner and/or Agent's* name, immediately, upon termination of a tenant's services.

THEREFORE, the parties agree as follows:

1. The *Owner/Landlord* agrees to pay for the above listed services as billed when due and payable, regardless of whether the *Owner/Landlord* is aware of the tenant's termination.
2. Per A.R.S. §§ 9-511.01(G) and (H) the Owner/Landlord voluntarily agrees to pay any outstanding balance due on the account at the time of the transfer regardless if the Owner/Landlord is aware of such balance due. In exchange, the Town will waive the normal service charge of \$50.00 and Deposit for the Owner/Landlord for each transfer.
3. It shall be the *Owner/Landlord's* responsibility to promptly notify the *Town* of any changes, material or otherwise, concerning the ownership and/or management of the affected property. This Agreement **requires** that the contact information provided below, **must** be kept current and up to date (mailing address, phone number, etc.).
4. Either party may terminate this Agreement upon written notice to the other party.
5. This Agreement may become null and void, as a consequence of arearage and collection efforts. The Agent and/or Owner will be notified if interruption and/or termination of services is required.



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OWNER NAME (please print) _____	
OWNER SIGNATURE _____	Phone _____
Mailing Address: _____ _____ _____	
(IF CORPORATE, PRINT TITLE AND NAME) _____	Tax ID# _____
SIGNATURE FOR AGENT OR OTHER CONTACT _____	Phone _____
Mailing Address: _____ _____ _____	

Acknowledged By: \_\_\_\_\_