## Milano Water Supply Corporation P.O. Box 181 212 FM 3242

Milano, TX 76556

Phone: 512-455-2692 Fax: 512-455-3068

Email: office @milanowsc.com

## **Alternate Billing Agreement for Rental Accounts**

Member's Name	Account #
Address:	
I hereby authorize Milano Water Supply Corporation to send all billing person(s) and address below until further written notice:  Renter(s)Address	
I understand that under this agreement that I will be given notice by t delinquencies on this account prior to disconnection of service. A not charged to the account in accordance with the provisions of the Corpo	he Corporation of all ification fee may be
I understand that if I request that my membership be canceled at this discontinuing service to an occupied rental property, that the Corpora above listed person with written notice of disconnection five (5) days disconnection date.	ation will provide the
I also understand that I am responsible to see that this account balance any other account in the Corporation. This account shall not be reinstaccount has been retired.	
Member's Signature	)ate