

Acct.# \_\_\_\_\_

**Konocti County Water District**  
**15844 35<sup>th</sup> Avenue**  
**Clearlake, CA 95422**  
707-994-2561  
Fax 707-994-1107

**Fee: \$10.00**

**Transfer Agreement**

I, \_\_\_\_\_, as owner of the property located at  
(owner's name)

\_\_\_\_\_, Clearlake, CA. give my permission for  
(service location)

**Konocti County Water District to change the water service into my tenant's name and address. I agree that all bills and notices for my aforementioned property may be mailed directly to my tenant, \_\_\_\_\_ at the following address:**

(tenant's name)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(tenant's mailing address) (city) (state) (zip code)

\_\_\_\_\_.  
(phone #)

I understand that as owner of the aforementioned property I am responsible for the water service and agree to pay all applicable charges and fees left unpaid by my tenant and/or any other person(s) living at the property listed above. I further understand that it is my responsibility to notify Konocti County Water District when a tenant moves out, and of any change of billing address or phone number for myself or my tenant(s).

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
OWNER SIGNATURE

**Phone #:** \_\_\_\_\_  
OWNER PHONE #