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**Steamboat Mountain Water Supply Corp**  
**PO Box 367**  
**426 Graham**  
**Tuscola, Texas 79562**  
**325-554-7454 Fax# 325-554-9112**  
**Office Hours: Mon-Fri 8:30 am-5pm**  
**www.steamboatmountainwater.com**

**LANDLORD REQUEST TO REMOVE TENANT**

**Steamboat Mountain Water Member:**

Name: \_\_\_\_\_ Meter #: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Effective Date: \_\_\_\_\_

I hereby authorize Steamboat Mountain Water Supply Corporation to remove billing responsibility from the tenant, \_\_\_\_\_, and return the billing responsibility to the person and address named below, beginning on the above date, and continue until further notice. I understand and agree that if the remaining balance is not paid by the tenant upon vacancy the deposit will be applied to the balance. All delinquent charges after the deposit has been applied will be my responsibility.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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