

Racine Water Utility

Landlord/tenant registration form

Failure to enter all information required below renders this application incomplete

Tenant information:

Name: _____ DOB (MM/DD/YY) ___ / ___ / _____

Driver's license number: _____

Phone number: _____

Social Security Number: _____

Tenant signature: _____

Date: _____

By signing this document I agree that I am the responsible party for the quarterly invoice for water, sewer and/or HHW charges (including penalties of 1% per month on the unpaid balance associated with the failure to pay on time including a 10% penalty if not paid by November 1st of each year) sent out by the Racine Water and Wastewater Utility. Failure to pay the bill in a timely manner gives the utility and/or landlord rights to place a lien on my personal property in accordance with state statutes. I also understand that the delinquency will be entered into CCAP by the County Clerk if the debt goes unpaid and that my name will be kept on a list of delinquent tenants by the Racine Water Utility. I also agree to waive my rights for a deferred payment plan as allowed for under PSC 185 and in accordance with ACT 274 of the Wisc. State Statutes

_____ SINGLE FAMILY DWELLING _____ DUPLEX OR FLAT WITH 2 WATER METERS _____ DUPLEX OR FLAT WITH ONE WATER METER (NOT ELIGIBLE)

Rental unit address: _____ City/Zip code _____

Owner/Landlord: _____

Address for delinquent notices to be sent: _____ City/Zip code _____

Landlord phone number: Landline: _____ Cell Phone: _____

Landlord email address: _____

___ Landlord would like a duplicate invoice sent to him/her every time the Utility sends one to the tenant

Landlord Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

The address listed above for the rental unit is in Billing District 1___ 2___ 3___