



CUSTOMER SERVICE DEPARTMENT
8570 EXECUTIVE PARK AVENUE
FAIRFAX, VA 22031
www.fairfaxwater.org

TENANT AUTHORIZATION FORM

Please return **COMPLETED** form to:

TENANTFORM@FAIRFAXWATER.ORG

Please allow us at least 2 hours, after submission,
on a business day, to process your form.

Fax: (703) 466-6863

Phone: (703) 698-5800

The following information must be completed in full and **signed by the legally recorded property owner or authorized agent** to establish new service. After submission of this form, the new tenant **MUST** call our Customer Service department to establish service and for further instruction on how to make the *Lien Offset payment*.

All tenants are required to pay \$190 (Lien Offset payment) within 48 hours of service start date. This payment will be applied to the **final bill** once the tenant has notified Fairfax Water to disconnect service.

Service Address _____ Service Start Date _____

The following tenant(s) have entered into a lease agreement for the referenced service address and is/are authorized to obtain services from Fairfax Water at this address as my tenant(s).

Tenant Information - Please print the first and last name of each tenant (over age 18) on the lease agreement.

Contact Information

Phone _____ Email _____

- *Lien Offset may be waived for tenants who receive need based local, state, or federal rental assistance. If your tenant receives rental assistance, please provide documentation with this form.*

Property Owner Information - Please provide first and last name, mailing address (different from the service address), and contact information.

Property Owner or Authorized Agent _____

Address _____

Phone _____ Email _____

By signing this form, I acknowledge, as the owner or authorized agent of the service address listed above, I am responsible for any unpaid balance for this account, after Fairfax Water has made a reasonable effort to collect from the aforementioned tenant(s). If signing as an agent, he/she is authorized to endorse this document, on behalf of the owner.

Signature _____ Date _____

Property Owner or Authorized Agent

For more information, visit fairfaxwater.org. For one-time payment, visit FWcustomer.org.

Office Use Only

Lien Offset Received Cash Check Portal Speedpay Lien Offset Waived

Amount Received \$ _____ Account Number _____ Received By _____