



Landlord Authorization Form

\*\*A Landlord Authorization Form must be completed and provided to the Town of Windsor PRIOR TO connection of services\*\*

Date: \_\_\_\_\_

Town of Windsor  
Attn: Water Department  
P.O Box 307  
Windsor, Va 23487  
Phone: (757) 242-4288  
Fax: (757) 242-9039

Re: Tenant Name \_\_\_\_\_

Tenant Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

To Whom it May Concern,

\_\_\_\_\_, \_\_\_\_\_ (Name of Tenant/s)  
has/have entered into a lease for the property located at:

\_\_\_\_\_

\_\_\_\_\_ (Tenant Address)

and are authorized to obtain water/sewer and or sewage treatment services at this address as a tenant of:

Property Owner Names/s: \_\_\_\_\_

\_\_\_\_\_

(Property Owner Mailing Address)

Signed: \_\_\_\_\_, \_\_\_\_\_ (Property Owner/s)

Dated: \_\_\_\_\_

This authorization is to specifically inform you in accordance with Section 15.2-2119 of the Code of Virginia, as owners, a lien may be placed on the real estate property if the tenant(s) and future tenants default on his and/or her bill.

This document is required to be complete BEFORE water and or sewer services may be obtained at this property.

Does the tenant receive needs-based assistance from any local, state, or federal rental assistance program? Yes \_\_\_\_ No \_\_\_\_

If yes, please attach documentation to support the needs-based rental assistance in accordance with Section 2119 H.