

**Water Works Board of The City of Fort Payne**

**Tenant Rental Policy**

**Required from your Landlord/Landowner**

**Necesaria de todos los propietarios (Please Print)**

Date \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_

has my permission to obtain water service through the Water Works Board of the City of Fort Payne at the following location. **If the account is currently active in your name, you will need to contact the office at (256) 845-0449.**

\_\_\_\_\_ (Rental Property Address)

\_\_\_\_\_ ( Landlord Name

\_\_\_\_\_ (Mailing Address

\_\_\_\_\_ (Phone Number