

1330 Highland Ridge Road
Lowell, OH 45744

HIGHLAND RIDGE WATER ASSOCIATION
P.O. Box 35
Lower Salem, OH 45745
740-376-0337

RENTAL AGREEMENT

\$150.00 Deposit is required

Landowners Name: _____

Renters Name: _____

Service Address: _____

Mailing Address: _____
(If different from service address)

Home Phone Number: _____

Cell Phone Number: _____

I, _____ landowner, have agreed to allow Highland Ridge Water send the water bill to the renter. The renter agrees to abide by the rules and regulations of the association. I understand that once the renter leaves, (either voluntarily or eviction) the service will immediately be put back in my name. I am not responsible for outstanding bill belonging to the renter.

If the water bill exceeds the \$150.00 deposit, water will be disconnected until the bill is paid in full.

Renter Signature: _____

Date: _____