

# BARD WATER DISTRICT

## *Property Owner "Written Authorization" Form for Lessee(s) or Property Sold / New Owner*

Property Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lessee or New Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, the above named Property Owner, give Bard Water District my Authorization to provide copies of Annual Billing, Water Usage Statements and Excess Water Billing for the Serial Numbers Listed below to the above named Lessee.

Serial No.	Serial Acres	Canal Name	Serial No.	Serial Acres	Canal Name

\_\_\_\_\_  
 (Telephone) (Email) (Date)

X

\_\_\_\_\_  
 (Print Owner's Name) (Owner's Signature)

Date Received at Bard Water District Office: \_\_\_\_\_

**ONE (1) AUTHORIZATION FORM PER LESSEE MUST BE ON FILE  
 AT THE BARD WATER DISTRICT OFFICE  
 BEFORE ANY COPIES ARE MAILED TO AN AUTHORIZED LESSEE**