

EASTOVER SANITARY DISTRICT  
DOCUMENTATION OF ORAL LEASE

Property Owner's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

I hereby affirm that I am the owner of the above property and have leased it to the parties below who will be responsible for the water and/or sewer charges.

I understand that the tenant is responsible for notifying the District when the tenant leaves. If the tenant leaves without my knowledge, the District will terminate the water and/or sewer service when they determine the residence is abandoned.

I understand that this form is required to establish authority for the person(s) named below to set up water and/or sewer service at the above location.

Tenant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tenant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Lease: \_\_\_\_\_

Signature of Tenant: X \_\_\_\_\_

Signature of Tenant: X \_\_\_\_\_

\*\*\*\*\*

Property Owner Information

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_