

Landlord Authorization Form

To be completed by property owner or legal agent/property manager only.

Date		Move in Date	
Tenant		Phone	ID/DL #
Tenant		Phone	ID/DL #
Service Address:			
Commercial Property: <input type="checkbox"/> Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Lines <input type="checkbox"/> Integrated Waste			
Tenant (s) named herein has entered into a rental/lease agreement for the property located at the service address listed above and have my authorization to obtain water and integrated waste services at this address. For Commercial Property: tenant is authorized to start services only as indicated above. Visit https://www.ontarioca.gov/IntegratedWaste for state mandated residential and commercial integrated waste programs.			
Property Owner Name		Phone	Email
Mailing Address			
City	State		ZIP Code
Property Owner Signature		State ID/DL # (Attach Photocopy)	
<input type="checkbox"/> I hereby give the following property management company or agent permission to handle the water and integrated waste services account at the service address listed above.			
Authorized Property Management Company / Agent		Company / Agent Address:	
Company/Agent Name:			
Phone:			
Email:			

Please email completed form and required documents to CustomerService@ontarioca.gov