

**TOWN OF MINDEN
1604 ESMERALDA AVE STE. 101
MINDEN, NV 89423
PHONE 775~782~5976 FAX 775~782~5287**

UTILITY BILLING AGREEMENT

Account Number: _____

Property Address: _____

Tenant/Property Manager Information:

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Tenant/Property Manager Signature: _____ Date: _____

As the Legal Owner of the property, I understand that I remain responsible for this account and any unpaid balance and fees associated with the collection of the outstanding balance if the tenant/property manager fails to pay. _____ Initial

As the Legal Owner of the property, I understand it is my responsibility to contact the Minden Town Office if the tenant/property manager changes or if there is a need to discontinue this agreement. _____ Initial

Legal Owner's Name: _____

Legal Owner's Mailing Address: _____

Legal Owner's Phone number: _____

Legal Owner's Email address: _____

Legal Owner's Signature: _____ Date: _____