



Town of Mineral

P.O. Box 316
312 Mineral Avenue
Mineral, Virginia 23117
Phone 540-894-5100

Property Address: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Mailing Address (if different): _____

Property Owner's Phone: _____

Property Owner's Email Address: _____

Tenant's Name: _____

Tenant's Mailing Address: _____

Tenant's Phone: _____

Tenant's Email Address: _____

Beginning Date of Lease: _____

The above-named tenant has entered into a lease for the property listed above and is authorized to obtain utility services at this address. I understand as the property owner I am responsible for any unpaid utility bill and that if a tenant's water bill becomes delinquent after the Town's collection efforts, the Town may notify the property owner and record a lien against the property.

Signature of Property Owner

Date

Signature of Town of Mineral Representative

Date