

PO Box 591 * Mount Vernon* Texas 75457-0591 114 FM 115 (Off South Service Road)

903.588.2081 or 888.588.1464 * FAX: 903.588.2085

E-Mail: office@cssud.org Website: www.cssudpay.com

| I,(Landowner) | give my consent for | |
|---|---|------------|
| (Landowner) | | |
| Renter or Renters: (all names that will be on application) | to have a water meter set on my pr | roperty, |
| | | |
| located at | Property ID# | |
| Owners information: MANDATORY | | |
| Address: | | |
| | | |
| | | |
| Daytime Phone No.: | Email: | |
| | | |
| | | |
| | | |
| Signature | Date | |
| | | |
| | | |
| The State of Texas County of | | |
| BEFORE ME, the undersigned, a Notary Public in and | d for said County and State, on this day personally | appeared |
| BEFORE ME, the undersigned, a Notary Public in and know purposes and consideration therein expressed. | in to me to acknowledged to me that they executed the san | ne for the |
| GIVEN UNDER MY HAND AND SEAL OF THIS OFFICE | | |
| | | |
| | Notary Public in and for | |
| | County, Texas | |
| | Notary's Printed Name | |
| | My commission expires | |