City of Hesperia
Hesperia Water District
Gateway to the High Desert

Property Owner Acknowledgement and Authorization of Financial Responsibility Form

To be completed by property owner or authorized agent/property manager only
Please email the completed form and required documents to utbilling@hesperiaca.gov

Provide the name of person(s) you are authorizing to start water service. Please print legibly.
Only the person(s) listed as the tenant(s) name will be authorized to start service

Service Address: _____

Tenant Name: _____

Secondary Tenant Name (if applicable): _____

Authorized Move in Date: _____

Owners of rental properties in the City of Hesperia are required to maintain a valid rental housing business license, as outlined in Chapter 5.72 of the City's Municipal Code. Failure to comply will result in a violation(s) and additional fees. Contact Business License at (760) 947-1311 for more information.

As the property owner/authorized agent of the service address, I hereby authorize the City of Hesperia and the Hesperia Water District to provide a water/sewer service account to the person(s) identified above. I acknowledge that I am responsible for reading and understanding the District's policies as posted on the City's website hesperiaca.gov/water, as well as Title 14 – Public Utilities of the Hesperia Municipal Code. As the owner/authorized agent of this property, I further acknowledge that the owner and tenant are jointly and severally liable for any and all charges that may be imposed on the property regardless of tenancy, as outlined in Chapter 14.02 of the Hesperia Municipal Code. Tenant(s) named herein has my authorization to obtain water and sewer services at this address. I have read, understand, and acknowledge the responsibilities associated with signing this authorization form.

Property Owner Name: _____

Mailing Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

State ID/License #_____ Date of Birth: _____

Property Owner Signature: _____ Date: _____

If Applicable:

Authorized Agent Name: _____ Title: _____

Authorized Agent Signature: _____ Date: _____

A complete 'Authorization of Agent to Act on Owner's Behalf' form must be on file with the City for the agent above to be valid.

For Water District Use Only: _____ _____
Authorization Verified By Date

Version 1.1

Hesperia Water District
9700 Seventh Ave.
Hesperia, CA 92345

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hesperiaca.gov/water