



Athens-Clarke County Public Utilities
Water Business Office

Property Manager / Authorized Agent Authorization Form

Property Owner Information

Owner Name:

Mailing Address:

Phone Number:

Email Address:

Property Management Company

Company Name:

Company Phone:

Company Email:

Property Owner Signature:

Date:

Company Representative Sign:

Date:



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Property Manager / Authorized Agent Authorization Form

Authorized Individuals, Scope, and Expiration

List each authorized individual, permitted actions, and expiration date.

Authorized Individual #1

Name:

Phone:

Authorized Actions:

☐ Start/Stop ☐ Account Info ☐ Payments ☐ Payment Plans ☐ Agreements ☐ Notices

Authorization Expiration Date:

Authorized Individual #2

Name:

Phone:

Authorized Actions:

☐ Start/Stop ☐ Account Info ☐ Payments ☐ Payment Plans ☐ Agreements ☐ Notices

Authorization Expiration Date:

Authorized Individual #3

Name:

Phone:

Authorized Actions:

☐ Start/Stop ☐ Account Info ☐ Payments ☐ Payment Plans ☐ Agreements ☐ Notices

Authorization Expiration Date:

Authorized Individual #4

Name:

Phone:

Authorized Actions:

☐ Start/Stop ☐ Account Info ☐ Payments ☐ Payment Plans ☐ Agreements ☐ Notices

Authorization Expiration Date:

Authorized Individual #5

Name:

Phone:

Authorized Actions:

☐ Start/Stop ☐ Account Info ☐ Payments ☐ Payment Plans ☐ Agreements ☐ Notices

Authorization Expiration Date:

Authorized Individual #6

Name:

Phone:

Authorized Actions:

☐ Start/Stop ☐ Account Info ☐ Payments ☐ Payment Plans ☐ Agreements ☐ Notices

Authorized Properties & Bulk Revocation Option

Authorized Service Locations / Account Numbers:

[illegible]

Bulk Revocation (Optional)

■ This authorization is revoked for ALL individuals listed above effective the date below.

Bulk Revocation Effective Date: