

**STOCKHOLDER - TENANT PAYMENT ARRANGEMENT FORM
THE CONSOLIDATED MUTUAL WATER COMPANY
12700 West 27th Avenue
PO Box 150068
Lakewood, Colorado 80215**

Fax, Mail, or E-mail To Consolidated For Processing
E-Mail: consumerservices@cmwc.net
Fax No. 303.237.5560
Phone: 303.238.0451

**BY COMPLETING AND SIGNING THIS FORM, I AM AUTHORIZING MY TENANT TO OBTAIN A
PAYMENT EXTENTION OR PAYMENT ARRANGEMENT FOR THE BELOW NAMED PROPERTY.
I UNDERSTAND THAT AS THE STOCKHOLDER, I AM RESPONSIBLE FOR ANY UNPAID
BALANCES AT THIS PROPERTY.**

From: _____ Stockholder/Landlord Name _____

Phone# _____

Property Address: _____

Name of Tenant: _____

Phone # _____

Ordered By: _____
Signature

Print Name _____

SPECIAL INSTRUCTIONS:

*** PLEASE SPECIFY IF THIS IS A ONE TIME OR ONGOING AGREEMENT FOR THIS TENANT**

Ongoing _____
One Time _____