



WATTS BAR UTILITY DISTRICT

Rental/Lease Agreement

Lessee / Renter Information

Full Legal Name(s) (print):

Phone No.: (_____) _____ - _____

Street / 911 Address (for service): _____

Street / 911 Address City: _____ State: _____ Zip: _____

Signatures of All Lessee(s):

Name of All persons over the age of 18 living in the Dwelling (if more than 6 blanks are needed, another sheet must be filled out complete)

Landlord Information

Landlord Name _____

Phone No.: (_____) _____ - _____

Address: _____

Address City: _____ State: _____ Zip: _____

Landlord Signature: _____

Public Notary

Sworn to and Subscribed before me this _____ day of _____, 20_____

Name of Notary (Printed) _____

Notary Public, State of _____ County of _____

My commission expires _____

Signature of Notary Public _____