



CUSTOMER SERVICE DEPARTMENT
8570 EXECUTIVE PARK AVENUE
FAIRFAX, VA 22031
www.fairfaxwater.org

TENANT AUTHORIZATION FORM

Please return **COMPLETED** form to:
TENANTFORM@FAIRFAXWATER.ORG

Fax: (703) 466-6863
Phone: (703) 698-5800

The following information must be completed in full and **signed by the legally recorded property owner or authorized agent** to establish new service. *If this form is altered it will not be accepted and will cause delays with processing and your tenant starting service. Please allow us at least 4 hours, after submission, on a business day, to process your form. Once the tenant receives notification that the form has been approved, the tenant **MUST** call our Customer Service department to establish service during our normal business hours Monday-Friday between 8:00am and 4:30pm and for further instruction on how to make the Lien Offset payment.

All tenants are required to pay \$190 (Lien Offset payment) prior to the service start date. This payment will be applied to the final bill once the tenant has notified Fairfax Water to disconnect service.

Service Address _____ Service Start Date _____
enter as MM/DD/YYYY

The following tenant(s) have entered into a lease agreement for the referenced service address and is/are authorized to obtain services from Fairfax Water at this address as my tenant(s).

Tenant Information - Please print the first and last name of each tenant (over age 18) on the lease agreement.

Contact Information

Phone _____ Email _____

- *Lien Offset may be waived for tenants who receive need based local, state, or federal rental assistance. If your tenant receives rental assistance, please provide documentation with this form.*

Property Owner/ Authorized Agent Information - Please provide first and last name, mailing address (different from the service address) and contact information. Authorized agents must submit a copy of the property management agreement with the tenant authorization form

Property Owner or Authorized Agent _____

Address _____

Phone _____ Email _____

By signing this form, I acknowledge, as the owner or authorized agent of the service address listed above, I am responsible for any unpaid balance for this account, after Fairfax Water has made a reasonable effort to collect from the aforementioned tenant(s). If signing as an agent, he/she is authorized to endorse this document, on behalf of the owner.

Signature _____ Date _____
Property Owner or Authorized Agent *enter as MM/DD/YYYY*

For more information, visit fairfaxwater.org. For one-time payment, visit FWcustomer.org.

Office Use Only

Lien Offset Received Cash Check Portal Speedpay Lien Offset Waived

Amount Received \$ _____ Account Number _____ Received By _____