

# NUEVO WATER CO.

30427 11<sup>TH</sup> STREET, NUEVO, CA 92567  
951-928-1922

## ACCOUNT AUTHORIZATION FORM

Date: \_\_\_\_\_

RE: \_\_\_\_\_  
Service Address

I, \_\_\_\_\_, authorize \_\_\_\_\_, to obtain account information and /or make any necessary changes including but not limited to change of address and closing the account.

I understand this authorization shall remain in effect unless revoked in writing by the undersigned.

Signature \_\_\_\_\_

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### *Office Use Only*

Shareholder Name: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

Shareholder Acct No.: \_\_\_\_\_ Tenant Acct. No.: \_\_\_\_\_

Authorization form must be submitted with the account holder's signature and accompanied by a copy of their current driver's license or government-issued identification in order to process the request.