ANIMAS WATER COMPANY

56 Trimble Crossing Dr
Durango, CO 81302

Tel: (970) 259-4788
awc@animaswatercompany.com

Member Authorization of Property Manager

Date: _____

AWC Account #: _____ Service Address: _____

Property Owner Name(s)*: _____

Mailing Address: _____

City State Zip: _____

Phone #(s): _____

Email Address: _____

We, as Members of Animas Water Company (AWC) hereby appoint the following listed party as our Property Manager:

Property Management Company or Property Manager Name: _____

Property Manager Contact(s): _____

Property Manager Mailing Address: _____

City State Zip: _____

Phone #(s): _____

Email Address(es): _____

By signing below, we authorize the above named property manager to perform the following on our behalf:

- ❑ Receive any requested account information
- ❑ Make name and or billing address changes to our AWC account
- ❑ Schedule maintenance and repairs with AWC for the property as needed.
- ❑ Receive the monthly billing statement on our behalf

This authorization may be terminated at any time upon AWC's written receipt of notice of termination from either the owners and/or the property manager. We also acknowledge we are the sole responsible party and agree we will pay any outstanding balances due on this account, including any and/or all late payment penalties and service fees that may have been assessed in the event the Renters/Lessees fail to pay their monthly bill in full.

Signatures of Property Owner(s):

_____ _____

Owner Signature Date

_____

Owner Printed Name

By signing below, I as the Property Manager and agents agree to follow and abide by the Rules and Regulations and By Laws of AWC.

_____ _____

Signature of Property Manager Date

_____

Printed Name and Title

*If owner is a business, trust, or any other entity, supporting documentation is required