



Account #: _____

9418 John Sevier Road • P. O. Box 58 • New Market, VA 22844

LANDLORD AUTHORIZATION FORM

Date: _____ Utility Provided: **Water** **Sewer** **Garbage**

Landlord Name: _____

Landlord Address: _____

Tenant Name: _____

Tenant Address: _____

Other Adult Tenants authorized to live at this property include:

To Whom It May Concern:

_____ Has entered into a lease for the property located at
(Tenant Name)

_____ and is authorized to obtain services at this
(Street Address)

Address as a tenant of _____
(Landlord Name)

Signed: _____
(Landlord Signature)

A copy of the lease/rental agreement must be provided with this document in order to set up utilities with the Town of New Market.