



2021 Division Road North  
 Kingsville, Ontario N9Y 2Y9  
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## WATER DEPARTMENT COMMERCIAL TENANT GUARANTEE AUTHORIZATION FORM

**PROPERTY ADDRESS:** \_\_\_\_\_

**UTILITY ACCOUNT NUMBER:** \_\_\_\_\_

I, \_\_\_\_\_, as guarantor, authorize the Corporation of the Town of Kingsville to send all water and/or sewage bills (hereby known as "utility bills") to \_\_\_\_\_ who is/are the tenant(s) of the above noted property, effective \_\_\_\_\_ (date).

As guarantor, I acknowledge that I am an owner of property within the municipality and that my accounts are up to date and in good standing with the Town of Kingsville. I understand that it is my responsibility to ensure that all utility bills for this tenant are paid when due. Should the tenant fail to pay any utility bills, I will assume full responsibility for payment. I acknowledge that unpaid utility bills will be placed on my property tax account.

This request will not be implemented unless signed by both the guarantor and the tenant and approved by the municipality.

**GUARANTOR**

**Mailing Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Tax Roll Number:** \_\_\_\_\_

**TENANT**

**Mailing Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Guarantor* *Date*

\_\_\_\_\_  
*Signature of Tenant* *Date*

\_\_\_\_\_  
*Witness* *Date*

\_\_\_\_\_  
*Witness* *Date*

For the Town of Kingsville: \_\_\_\_\_  
*Authorized Signature* *Date*