



# CITY OF STARKE

## AGENT EXTENSION AUTHORIZATION AGREEMENT

TENANT NAME: \_\_\_\_\_  
Please Print Tenant's Name

RENTAL ADDRESS: \_\_\_\_\_

As the tenant for the above address, I hereby acknowledge that I have read and understand this agreement. \_\_\_\_\_

Tenant's Signature

Date

TO ALL LANDLORDS, APARTMENT MANAGERS OR LEASING AGENTS:

Per the City of Starke Utility Contract, I \_\_\_\_\_  
PRINT AGENT'S NAME

as the authorized rental agent for the above address have read and understand that by signing this document I am now responsible for any unpaid utility bills that my tenant leaves outstanding with the City of Starke for this address.

Also when signing this document, will make the tenant eligible for two yearly extensions per the Customer Service Guide.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND WILL NOT BE RESPONSIBLE FOR TENANT'S UNPAID UTILITY BILLS, WHICH WILL NOT MAKE THE TENANT ELIGIBLE FOR ANY EXTENSIONS

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_  
DATE

*Phone: (904) 964-5027 Fax: (904) 964-3998*

City Hall Address  
209 N. Thompson Street  
Starke, FL 32091

City's Mailing Address  
Post Officer Drawer C  
Starke, FL 32091