



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