



Estes Park Sanitation District  
1201 Graves Ave Ste A (Lakeview Business Center)  
PO Box 722 Estes Park CO 80517-0722  
970-586-2866 [estesparksanitation.org](http://estesparksanitation.org)

**COMMERCIAL TENANT AGREEMENT**

ACCOUNT #: \_\_\_\_\_ LOCATION ID: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ ESTES PARK CO 80517- \_\_\_\_\_

**OWNER INFORMATION**

NAME(S): \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

PHONE #s: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

**TENANT INFORMATION**

NAME(S): \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

PHONE #s: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

The undersigned parties hereby request the quarterly sewer bills for the property identified herein be mailed directly to the Tenant at the address provided above. Should contact information change, parties will notify the District in advance. It is understood and agreed that if the Tenant fails to pay on or before stated due date, the Owner shall be held responsible for any and all charges, including past due balance, interest and late fee AND at District discretion, the bill may be transferred back to Owner.

**EXECUTED:**

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All parties must sign same agreement.  
If multiple Tenants, contact information and signature required from each: use form back if necessary.  
Return fully completed original via mail, in person or [cmorin@estesparksanitation.org](mailto:cmorin@estesparksanitation.org)