



NEW

RENEWAL

**LANDLORD AFFIDAVIT FOR CITY OF COLDWATER**

\_\_\_\_\_  
(NAME AND ADDRESS OF LANDLORD)

being first duly sworn, says:

1. That I am the landlord of the residence at \_\_\_\_\_  
(Address of Rental)

2. That on \_\_\_\_\_ 20\_\_\_\_\_, a lease was executed between myself as landlord and

\_\_\_\_\_  
(Name(s) of Tenant) (Name(s) of Tenant) (Name(s) of Tenant)  
as tenant of said premises.

3. That said lease provides, and tenant covenanted, that landlord shall not be responsible for payment of water, sewer, and/or electric bills and that tenant is so responsible.

4. That said lease expires on \_\_\_\_\_, 20\_\_\_\_\_

Further, affiant saith not.

Signature of landlord: \_\_\_\_\_

Printed name of landlord: \_\_\_\_\_

**IMPORTANT:**

- 1. Property must be a "REGISTERED RENTAL" to qualify.
- 2. Affidavit will not be accepted if a past due balance exists on account.
- 3. The City of Coldwater Utility Customer Service/Treasurer department must be provided not less than twenty (20) days or more than (30) days written notice by the lessor of any cancellation, change, or termination of this lease.

\*\*\*\*\*

**OFFICE USE ONLY:**

Attach: Copy of Lease \_\_\_\_\_

Account # \_\_\_\_\_

Registered Rental: yes or no (circle)

Current Balance: \$ \_\_\_\_\_

Due Date: \_\_\_/\_\_\_/\_\_\_

Arrears \$ \_\_\_\_\_

Received by C.S. Rep: \_\_\_\_\_

Date Rec'd: \_\_\_/\_\_\_/\_\_\_

OFFICE USE ONLY:

**Acceptance Information:**

LLAF Valid: \_\_\_\_\_ LLAF Invalid: \_\_\_\_\_ (*Invalid Reason Noted Below*)

---

---

---

Was Landlord Notified of Invalid LLAF? \_\_\_\_\_ If Yes, Date Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_ Entered By: \_\_\_\_\_

**Expiration Information:**

*Was written notice given not less than twenty (20) days or more than thirty (30) day, notice if the lease agreement in terminated for any reason prior to the expiration date. Such notice must be submitted in writing to be valid-no verbal statements will be accepted.*

LLAF Valid: \_\_\_\_\_ LLAF Invalid: \_\_\_\_\_ (*Invalid Reason Noted Below*)

---

---

---

Was Landlord Notified of Invalid LLAF? \_\_\_\_\_ If Yes, Date Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_ Entered By: \_\_\_\_\_