

# Change of non-domestic lease

Please complete and return this form to  
Post: Watercare, Private Bag 94010, Auckland 2241  
Email: [info@water.co.nz](mailto:info@water.co.nz)  
Phone: (09) 442 2222 Website: [www.watercare.co.nz](http://www.watercare.co.nz)

## Important information For property owners to complete.

Email the form to [info@water.co.nz](mailto:info@water.co.nz) with the subject line: Change of lease – [your property address], or post it to the address above.

You do not need to fill in this form if you would like to have the bills sent only to you, so you can forward them to the lessee to be paid, or pay them yourself and seek reimbursement.

Please complete all sections of this form

## 1. Account setup

Please tick one option below:

Bills in the lessee's name only

Bills are mailed to the lessee, who can use them as GST invoices. The lessee must fill in a direct debit form and the direct debit must continue for the duration of the lease for this option to be valid. Visit [www.watercare.co.nz](http://www.watercare.co.nz) and search for 'change of lease' to download the form.

Account in your name with 'C/- the lessee' on the bills

Bills are mailed to the lessee, but they cannot use them as GST invoices.

## 2. Property location and account details

Street number

Street name

Suburb

Watercare account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Meter number (if known):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 3. Property owner – contact details

First name

Last name

Company (if applicable)

Phone

 ( )

Mobile

Postal address:

Street number

Street name or PO Box

Suburb

Postcode

Email

## 4. New lessee – contact details

First name  Last name

Company (if applicable)

Phone (  )  Mobile

Postal address:

Street number  Street name or PO Box

Suburb  Postcode

Email

## 5. Preferred contact methods

How would you like your lessee to receive the correspondence and bills? Please tick an option.	<input type="checkbox"/> Email	I, the property owner, would like to receive copies of all correspondence and bills via email	<input type="checkbox"/> Yes	<i>Please make sure you have the correct email and postal details in sections 3 and 4.</i>
	<input type="checkbox"/> Post		<input type="checkbox"/> No	

## Change of lease account – property owner authorisation to invoice their lessee – non-domestic customers only

As the property owner, I have read and understood the customer contract and agree that:

- Watercare may complete a credit check on me and my lessee. This includes a payment history check of any previous accounts held by me with Watercare.
- If Watercare agrees to transfer the bills into the lessee’s name, Watercare’s customer terms still apply to me and I am jointly and severally liable with the lessee for paying all charges for water and wastewater in accordance with Watercare’s customer terms.
- In the event that the lessee does not make any payment required by Watercare, Watercare may transfer the account back into my name.
- If the account is transferred back into my name, Watercare is entitled to recover from me all charges for water and wastewater that were incurred during the period that the account was not in my name. It is also entitled to recover any administration charges and costs incurred relating to the non-payment, including, without limitation, any legal costs.
- I must inform Watercare of any changes of ownership, allowing 15 days for it to action this. I understand that I am liable to Watercare for all charges and costs incurred before the change of ownership is processed by Watercare.
- When the lease term expires, it is my responsibility to inform Watercare of this and what action is required.
- I can request information about the account at any time, in accordance with Watercare’s policies.
- I understand that this arrangement requires the lessee to sign the arrangement conditions for the account setup section on the reverse of the direct debit form, if option 1 is chosen as part of this process.

## Property owner signature or an authorised signatory

Please tick an option:	<input type="checkbox"/> I am the property owner	Signature	<input type="text"/>
	<input type="checkbox"/> I am the authorised signatory	Date	<input type="text" value="DD / MM / YYYY"/>
Full name:	<input type="text"/>		

### Privacy

We may use this information to process your application, update our records or help improve our services. We will not disclose it unless required by law. You have the right to access your information, and you can ask us to correct any errors.