

# Cedar River Water & Sewer District

18421 S.E. Petrovitsky Road  
RENTON, WA 98058  
Phone: 425-255-6370

## Authorization to Start or Stop Duplicate Bill Service

Account Number \_\_\_\_\_ Date \_\_\_\_\_

RE: \_\_\_\_\_  
Property Address

Owner Name: \_\_\_\_\_  
(Please Print)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number(s) \_\_\_\_\_  
Home Cell Work

I am requesting to (circle one)  START /  STOP Duplicate Billing Service for the address above.

Cedar River Water & Sewer District, a municipal corporation organized pursuant to state law (RCW 57), maintains all water, sewer and street light service accounts in the name of the legal property owner. RCW 57.08.081 allows for water and sewer districts to discontinue service and place liens on properties for which service charges are delinquent. This statute makes the owner of a parcel receiving service responsible for service charges.

As owner of the property in reference above, I understand that I will be billed for service supplied to this location and herein request that a **copy** of the billing statements and all notices regarding service be mailed to the Name and Address listed below. I also understand and agree that the occupant listed below may call the District and receive information related to this account. **The District will not provide prorated statements upon change of occupants; the account will always stay in the owner's name. The Account will be charged a \$5.00 set up fee for each change of Duplicate Bill Service.** I agree to a fee of \$2.00 per billing cycle which will be charged to my account for this duplicate billing service. I understand that this service may be stopped at anytime upon my written request. I understand and agree it is my responsibility to provide written notification of any changes in residency status or billing information.

### DUPLICATE COPY OF BILL SHALL BE MAILED TO THE FOLLOWING

Renter or Property Manager Name \_\_\_\_\_

Renter or Property Manager Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_  
Home Cell Work

Owner Signature \_\_\_\_\_ DATE \_\_\_\_\_

Mail Original Form to: Cedar River Water & Sewer District  
P.O. Box 1040  
Maple Valley, WA 98038