

## **Authorization to Start or Stop Duplicate Bill Service**

Date

Account Number:	Date		
Property Address: —			
Owner Name:	(Please Print)		
Mailing Address:	(Flease Frint)		
_	Street	City	State Zip
Phone Number(s)	Home	Cell	Work
I am requesting to:	□ START	STOP Duplicate Billing Servi	ce for the address above.
water and sewer district delinquent. This statute is As owner of the property and herein request that a Address listed below. It information related to occupants; the account for each change of Dupaccount for this duplicate	ts to discontinue service makes the owner of a parce of a parce of a parce of the p	the name of the legal property own and place liens on properties for all receiving service responsible for derstand that I will be billed for sements and all notices regarding serve that the occupant listed below marict will not provide prorated owner's name. The Account will be to a fee of \$2.50 per billing cycle tand that this service may be stopped billity to provide written notification.	or which service charges are service charges.  ervice supplied to this location vice be mailed to the Name and ay call the District and receive statements upon change of be charged a \$5.00 set up fee e which will be charged to my ed at anytime upon my written
DUPLICATE	COPY OF BILL SE	HALL BE MAILED TO TH	HE FOLLOWING
Renter <u>or</u> Property Man	ager Name:		
Renter <u>or</u> Property Man	ager Address:		
Phone Number(s)	Home	Cell	Work
Owner Signature			