



19306 Bonney Lake Blvd.
PO Box 7380, Bonney Lake, WA 98391
Phone: (253) 447-4317 Fax: (253) 862-8538
Website: www.ci.bonney-lake.wa.us

Property Owner Request to Bill Tenant

DATE: _____ UTILITY ACCOUNT # _____

OWNER'S NAME: _____ HOME PHONE # _____

CELL PHONE # _____ WORK PHONE # _____

SERVICE LOCATION: _____

EFFECTIVE DATE: _____

OWNER'S MAILING ADDRESS: _____

The information below will be verified anytime the customer requests access to utility account information. Please list information for each legal property owner on the utility account.

PROPERTY OWNER'S DRIVERS LICENSE # _____ STATE: _____

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I understand if I put the billing in the name of my tenant and if the tenant fails to pay the utility bill I will be responsible for all charges including but not limited to utility bill, penalties and any other utility billing fees.

It is illegal for the City to participate in any eviction process. Therefore, water service will not be terminated per the owner's request if a residence is known to be occupied. It is the responsibility of the owner to provide written notification of any changes in residency status or billing information.

*As owner of the property in reference above, I understand that I will be billed for utility services supplied to this location and herein request that a **copy** of the billing statements and all notices for utility services be mailed to the **TENANT** at the service address. **Tenants will not receive prorated statements.** I agree to a \$45.00 alternate address fee which will be charged to my account for this duplicate billing service. I also understand that **each time** there is a change of tenants, I must renew this agreement. I understand that this service may be stopped at anytime upon my written request.*

(Circle one) **I am requesting to start / stop Duplicate Billing Service for the address above.**
*****Utility account must have a zero balance before a new tenant will be added*****

TENANT NAME: _____ TENANT PHONE # _____

TENANT CELL # _____ TENANT WORK # _____

TENANT MAILING ADDRESS: _____

OWNER'S SIGNATURE: _____ DATE: _____

For Office Use

Identity Verified By: _____	Date Posted: _____	Initial: _____
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