

Spokane County Sewer Billing PROPERTY MANAGER LETTER OF AUTHORIZATION - TENANT

To be completed by t	he Property Manager:			
Sewer Account Num	ber:			
Property Address:				
(Please Print) Property Manager	GER INFORMATION	TENANT(S) IN (Please Print)		
Name:		Tenant(s) Name: _		
Mailing Address:		-		
)			
Please indicate your billing preferences: Property Manager or Tenant Will be responsible for monthly construction changes (CFR, SCC, GFC) Property Manager or Tenant Will be responsible for monthly Operation and Maintenance charges By my signature below, I understand and agree that: The sewer account for the property listed above must be at a zero balance before Tenant(s) will be added. The monthly bill is not pro-rated. Tenant(s) will receive a copy of the monthly statement beginning with the next billing. The Owner remains responsible for the monthly charges, fees, late payment penalties and interest on the part of the designated Tenant(s). If the charges on the account are not paid timely, a lien will be placed on the property. Liens may lead to foreclosure of the property pursuant to RCW 36.94.150. In the event the charges on the monthly sewer bill become delinquent, the Property Manager and Tenant will be removed from the account and billing statements will revert to the Owner. It is the Owner's and/or Property Manager responsibility to notify Spokane County Sewer Billing in writing 20 days in advance of any mailing address changes. The Owner's and Property Manager will receive courtesy copies of the monthly bills. It is understood if there is a change of Tenant(s); the Property Manager must complete a new agreement.				
 Complete all field in the second secon	pelow.	26 W Broadway Ave,	2 nd Floor, Spokar	ne, WA 99260
Signature: Date:				
For Office Use Only	Received: Initials:	Ente	ered:	Initials: