



SPOKANE COUNTY

Sewer Billing

1026 W Broadway Ave., 4th Floor
Phone: (509) 477-3604
Fax: (509) 477-7178
e-mail: SewerBilling@spokanecounty.org

Owner Letter of Authorization

Form to be completed by the legal Owner(s):

Sewer Account Number: _____

Property Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Owner's Email: _____

As the Owner, I hereby authorize Spokane County Sewer Billing to send the monthly sewer bill to:

Tenant or Property Manager Name: _____

Tenant or Property Manager Mailing Address: _____

- The sewer account for the property listed above must be at a zero balance before a Tenant will be added.
• The Owner remains responsible for the monthly charges, fees, late payment penalties and interest on the part of the designated Tenant or Property Manager.
• It is the Owner's responsibility to notify Spokane County Sewer Billing in writing 20 days in advance of any mailing address changes.
• If the charges on the monthly sewer bill are not paid timely, it is our practice to place the billing back into the Owner's name.
• The Tenant/Property Manager will receive a copy of the monthly statement beginning with the next billing.
• The Owner will receive a courtesy copy of all bills.
• It is understood if there is a change of Tenant/Property Manager; the Owner must complete a new agreement.

Please indicate your billing preference:

Note: Billing construction charges separately from operation and maintenance charges, AKA "Account splits" may result in an additional sewer account number

[] Person responsible for monthly construction charges (CFR, SCC, GFC): _____

[] Person responsible for monthly Operation and Maintenance charges: _____

Signature below indicates the Owner(s) have read and understand the above.

Owner(s) Signature: _____ Date: _____

Return this completed form to: Spokane County Sewer Billing
1026 W Broadway Ave., 4th Floor
Spokane, WA 99260

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