



City of Pacific
 100 3rd Avenue Southeast
 Pacific, WA 98047
 Phone: (253)929-1100
 Fax: (253)939-6026
 www.cityofpacific.com

Property Owner Request to Bill Tenant

Owner's Printed Name: _____ Home Phone Number: _____

Cell Phone Number: _____ Work Phone Number: _____

Service Location: _____
 (Property Address)

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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As owner of the property in reference above, I understand that I am responsible for all utility charges and I will be billed for utility services supplied to this location. I hereby request that a duplicate 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 \$3.00 a month 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. It is the responsibility of the owner to provide written notification of any changes in residency status or billing information.*

I understand 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.

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

Tenant's Name: _____ Tenant's Home Phone Number: _____

Tenant's Cell Phone Number: _____ Tenant's Work Phone Number: _____

Tenant's Mailing Address: _____

Owner's Signature: _____ **Date:** _____

For Office Use Only

Identity Verified by: _____ Date Posted: _____ Initial: _____



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