REQUEST FOR ALTERNATE BILLING

DATE: _____

NAME: _____ACCOUNT # _____

MAILING ADDRESS: _____

CITY: _____STATE:_____ZIP:_____

PHONE: _____

SERVICE ADDRESS: _____

I hereby authorize the City of Snoqualmie to send the utility bill on my account to the person and address below:

NAME: _____

MAILING ADDRESS: _____

CITY: _____STATE:_____ZIP:_____

PHONE: _____

EFFECTIVE DATE: _____

I understand the City of Snoqualmie will bill the tenant/authorized agent named above for water & sewer service as a third party, but as the owner of said property I am fully responsible for any and all unpaid bills left by the tenant/authorized agent. I shall take responsibility for any necessary deposits from the tenant/authorized agent to ensure payment of a past due bill. Should this account become delinquent, water service will be subject to termination under the polices of the City of Snoqualmie, and shall not be reinstated until all debt to the city has been paid. The City of Snoqualmie will notify me, the owner, of the tenant/authorized agent's past due account status subject to disconnection of service.
I understand that I must sign a new Billing Authorization for each new tenant/authorized agent. If the person authorized to receive the billing notifies the City of Snoqualmie that they are vacating the property, the billing will automatically revert back to me. Until the balance on this account is paid in full, the city cannot change the name on this account to a new tenant/authorized agent.

Signature: _____

Date of Signature: _____

City of Snoqualmie Representative Signature:

_____