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DUPLICATE BILLING REQUEST AUTHORIZATION FORM

It is the policy of Water District 19 that all properties be listed and billed to the legal owner. As an additional service for our owner/tenant customers, the District can send a "duplicate bill" to the tenant at the property address for \$5.00 per billing cycle, every two months. This fee will appear on each bill. If you desire this service, please complete the information below and return it to our office in the enclosed envelope. (Please Print)

Account No. _____ Service Address: _____

Owner Name:			
Last	First	Mide	dle Initial
Owner Address:			
Address	City	State	Zip
Owner Phone #:	Email:		
	TENANT		
Name:			
Mailing Address:			
Marie			
Phone Number: _			
Email:			
Effective Date:			
I understand, as legal owner of the above per these charges are subject to late penalties, see	property, that I am resp ervice charges, service d	oonsible for all	water charges and that and property liens.
To ensure billing accuracy, it is my responsi in a timely manner prior to its effective da effective date, a prorated bill will be generate	te. If the District is n	ot notified of	ing information changes such change prior to its
Signature:	100/201-201-201-201-201-201-201-201-201-201-	Date:	