LANDLORD/TENANT UTILITY BILLING AUTHORIZATION

PROPERTY OWNER: FIRST NAME _____ LAST NAME _____

PROPERTY ADDRESS: _____
(ADDRESS) (CITY, STATE & ZIP)

PROPERTY OWNER MAILING ADDRESS: _____
(ADDRESS) (CITY, STATE & ZIP)

PHONE: (_____)_____

EMAIL: _____

PAPERLESS BILLING: ☐ **YES** ☐ **NO**

NAME OF TENANT MOVING OUT (IF APPLICABLE): FIRST_____LAST_____

MOVE-OUT DATE: _____

TENANT RECEIVING FINAL BILL? ☐ **YES** ☐ **NO**

TENANT FORWARDING ADDRESS FOR FINAL BILL: _____
(ADDRESS) (CITY, STATE, ZIP)

(IF **NO**, FINAL BILL WILL BE MAILED TO THE PROPERTY OWNER'S MAILING ADDRESS OR EMAIL ADDRESS)

ALL FUTURE BILLS WILL BE MAILED TO THE PROPERTY OWNER'S MAILING ADDRESS UNLESS NOTIFICATION OF NEW TENANT IS PROVIDED.

NEW TENANT (IF APPLICABLE): FIRST_____LAST_____

PHONE: (_____)_____

MOVE-IN DATE: _____

I UNDERSTAND THAT AS THE PROPERTY OWNER I AM ULTIMATELY RESPONSIBLE FOR ALL UTILITY PAYMENTS INCLUDING ANY CURRENT BALANCES. ALL ACCOUNTS NEED TO BE CURRENT FOR CONTINUED SERVICE.

_____ _____
OWNER SIGNATURE **DATE**

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.

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Email: WATERSEWER@THOMASTWPMI.GOV