



1106 Vernon Rd, Suite A
 Lake Stevens, WA 98258
 (425) 334-8588 / Fax (425) 335-5947

REQUEST FOR DUPLICATE BILLING STATEMENTS

Sewer Account # _____

 Name of Legal Property Owner (_____) _____
 Phone Number Required

 Legal Owner's Mailing address City _____ State _____ Zip _____

 Service Address City _____ State _____ Zip _____

Duplicate Billing Statement to be mailed to:

 Name of Tenant or Property Management Comp. (_____) _____
 Phone Number Required

 Mailing Address City _____ State _____ Zip _____

Is this a Property Manager? Yes ___ No ___ Homeowner's Assoc.? Yes ___ No ___

If Yes please provide: Contact Name: _____ Phone # _____

I am the legal owner(s) of the above referenced property (or I am authorized to represent a company that is the legal owner of this property). I request that a duplicate monthly sewer statement be mailed to the address listed above, and authorize the additional service fee of \$1.00 per month to be added to the associated sewer account. This form must be received on or before the 25th of each month to start Duplicate billing for the next billing cycle.

Signature (of legal property owner or representative) _____
Date

Print Name _____
Title

<u>ADD</u>	<u>For Office Use Only</u>	<u>REMOVE</u>
Landlord Setup _____		Leave Landlord Setup _____
Location Added _____		Remove Location in Landlord _____
Customer Modified _____		Modified Customer _____
Dup. Billing Fee Added _____		Temp. Disconnect Dup Fee _____
Notes Added _____		Notes Added _____