

Post Office Box 8979 Vancouver, WA 98668-8979

8000 N.E. 52nd Court Vancouver, WA 98665-0983

COMMISSIONERS Norm Harker Denny Kiggins Neil Kimsey

GENERAL MANAGER John Peterson

 $(360)\ 750\text{-}5876 \clubsuit \text{FAX}\ (360)\ 750\text{-}7570$ www.crwwd.com

SINGLE FAMILY RESIDENTIAL REQUEST BY OWNER TO MAIL BILLING TO TENANT/DESIGNEE (Please complete this form in its entirety)

Customer Account Number		
Property Location (Service Address)		
Legal Property Owner		
Legal Property Owner's Mailing Address		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
E-mail Address		
Property Owner's Manager (if any)		
Property Manager's Mailing Address		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
E-mail Address		
Tenant's Name		
Tenant's Mailing Address		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
E-mail Address		
Tenant's Move-In Date		
	ets that, beginning with the next billing cycle, Clark Regio service charges directly to the TENANT at the Tenant's Mai	
PLEASE NOTE THE ACCOUNT MUST BE AT A ZERO BALANC MUST BE RECEIVED BY THE 20 TH OF THE MO	CE BEFORE TENANT(S) NAME CAN BE ADDED AND FORM NTH PRIOR TO ACCOUNT BILLING.	AND PAYMENT
Clark Regional Wastewater District is provinotices if the account becomes delinquent.	ding the Owner and/or the Owner's Designee with dup	licate past due
mail and acknowledges that s/he remains prim	egional Wastewater District notify the Owner of the Tenant's narily obligated and responsible for all Clark Regional Waste ed at the address stated above. In addition, Clark Regio rights against the Owner and the Property.	ewater District's
Signature of Owner	Date	
Print Signature / Title	Contact Number	