



Post Office Box 8979 8000 N.E. 52nd Court
Vancouver, WA 98668-8979 Vancouver, WA 98665-0983

(360) 750-5876 ♦ FAX (360) 750-7570
www.crwwd.com
financecustomerservice@crwwd.com

COMMISSIONERS
Norm Harker
Denny Kiggins
Neil Kimsey

GENERAL MANAGER
John Peterson

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 _____

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 _____

Cell Phone Number _____

E-mail Address _____

The undersigned OWNER requests and directs that, beginning with the next billing cycle, Clark Regional Wastewater District mail all bills for the Property's sewer service charges directly to the TENANT at the Tenant's Mailing Address as stated above.

PLEASE NOTE

THE ACCOUNT MUST BE AT A ZERO BALANCE BEFORE TENANT(S) NAME CAN BE ADDED AND FORM AND PAYMENT MUST BE RECEIVED BY THE 20TH OF THE MONTH PRIOR TO ACCOUNT BILLING.

Clark Regional Wastewater District is providing the Owner and/or the Owner's Designee with duplicate past due notices if the account becomes delinquent.

The undersigned Owner requests that Clark Regional Wastewater District notify the Owner of the Tenant's delinquency by mail and acknowledges that s/he remains primarily obligated and responsible for all Clark Regional Wastewater District's sewer service charges to the Property located at the address stated above. In addition, Clark Regional Wastewater District retains all enforcement and collection rights against the Owner and the Property.

Signature of Owner

Date

Print Signature / Title

Contact Number