



COLUMBIA VALLEY WATER DISTRICT

6229 Azure Way
Maple Falls, WA 98266
(360) 599-1699
Fax: (360) 599-1854
admin@ewsd19.com

**SINGLE FAMILY RESIDENTIAL
REQUEST BY OWNER TO MAIL BILLING TO TENANT**

Account Number: _____ Service Address: _____

Name of Property Owner: _____ Contact number: _____

Property Owner's Mailing Address: _____

Name of Tenant: _____ Contact number: _____

Tenant's Mailing Address: _____

The undersigned Tenant acknowledges that Columbia Valley Water District is providing the Owner or the Owner's Designee with duplicate bills for water charges and/or notices that the account is delinquent.

Signature of Tenant

Date

The undersigned Owner requests and directs that, beginning with the next billing cycle, Columbia Valley Water District mail all bills for the property's water service charges directly to the Tenant at the Tenants mailing address as stated above. Owner also gives permission to allow tenant to make payment arrangements should the account become past due. **PLEASE NOTE THAT THE ACCOUNT MUST BE AT A ZERO BALANCE BEFORE THE TENANT(S) NAME CAN BE ADDED.**

The undersigned Owner acknowledges that s/he remains obligated and responsible for all Columbia Valley Water District's charges to the Property located at the address stated above and, in addition, that Columbia Valley Water-Sewer District retains all enforcement and collection rights against the Owner and the Property.

Signature of Owner

Date