

Post Office Box 8979 Vancouver, WA 98668-8979 8000 N.E. 52nd Court Vancouver, WA 98665-0983 COMMISSIONERS Norm Harker Denny Kiggins Neil Kimsey

**DISTRICT MANAGER**John Peterson

(360) 750-5876 ◆ FAX (360) 750-7570 www.crwwd.com

## SINGLE FAMILY RESIDENTIAL REQUEST BY OWNER TO MAIL BILLING TO TENANT/DESIGNEE

Customer Account Number			
Property Location (Service Address)			
Name of Property Owner			
Property Owner's Mailing Address			
Home Phone Number Work Phone Number Cell Phone Number E-mail Address			
Name of Owner's Designee (if any)			
Owner's Designee'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			
The undersigned OWNER requests and direction District mail all bills for the Property's sewe stated above.	ects that, beginning with the r service charges directly to	e next billing cycle, Clark Regithe TENANT at the Tenant's Ma	onal Wastewate illing Address as
PLEASE NOTE THE ACCOUNT MUST BE AT A ZERO BALAI MUST BE RECEIVED BY THE 20 <sup>TH</sup> OF THE M	NCE BEFORE TENANT(S) NA ONTH PRIOR TO ACCOUNT E	ME CAN BE ADDED AND FORM BILLING.	I AND PAYMENT
Clark Regional Wastewater District is pronotices if the account becomes delinquent.	viding the Owner and/or th	e Owner's <u>Designee</u> with dup	olicate past due
The undersigned Owner requests that Clark mail and acknowledges that s/he remains pr sewer service charges to the Property local District retains all enforcement and collection	imarily obligated and respondated at the address stated a	sible for all Clark Regional Wast bove. In addition, Clark Regi	tewater District's
Signature of Owner	Da	ate	
Print Signature/ Title	Co	ontact Number	