



HIGHLINE WATER DISTRICT

P.O. Box 3867
Kent, WA 98032
TEL: 206-824-0375 FAX: 206-824-0806
Email: customerservice@highlinewater.org

PERMISSION TO BILL TENANTS

SERVICE ADDRESS:	(Street Address)		
	(City)	(State)	(Zip)

ACCOUNT NUMBER:

OWNER INFORMATION

Name: _____

Mailing Address: _____

Telephone Numbers:	Home	Work	FAX
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The undersigned certifies they are the owner/agent of the property described in the Service Address identified above (hereinafter referred to as "The Property"). The undersigned hereby authorizes Highline Water District to bill the tenant directly for all services provided to The Property. The undersigned recognizes that non-payment of charges for services provided may result in termination of the water service, locking charges, interest and other charges and fees. The undersigned further recognizes that the owner of The Property is ultimately responsible for the payment of all service charges and fees, and that all unpaid service charges and fees constitute a lien against The Property pursuant to Title 57 RCW.

Dated: _____ **Signature of Owner/Agent:** _____
Effective Date: _____

TENANT INFORMATION

Name(s) (please print):	_____

Mailing Address:	_____

Home Phone: () _____ Work Phone: () _____ FAX: () _____

A \$25.00 fee is applied to each final bill processed