



**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

*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:	_____
	_____

Telephone Numbers:	( )	( )	( )
	Home	Work	FAX

Check this box if you would like a name change only. We will not prepare a final bill. You will be responsible for determining the amount owed between parties.

**Note: A \$25.00 fee is applied to each final bill processed.**