

☆☆☆ **AGENT/TENANT AUTHORIZATION FORM** ☆☆☆

In accordance with Resolution 10-26, this form must be completed in its entirety, signed by both the owner and agent/tenant, and then returned to Ronald Wastewater District prior to a change in billing from owner to owner's designated agent.

Michael U. Derrick, General Manager

RWD Account # \_\_\_\_\_ Property Address: \_\_\_\_\_ Shoreline, WA

**Please complete the following so that we can send future bills and correspondence directly to your designated agent/tenant:**

1. Print your name, mailing address, and agent name, mailing address below.
2. Return completed form (**signed by both parties**) to our office.

I, \_\_\_\_\_ the owner of the above property understand that my assignment of this "Agent/Tenant Authorization Form" does not relieve my responsibility for sewer service charges under RCW 57. I understand:

1. *A \$1.00 monthly fee will be added to the bill for a duplicate billing statement.*
2. *A \$10.00 Account Service Fee will be added to the bill for an Agent/Tenant information change.*
3. *The District shall not prorate sewer charges.*
4. *If an overpayment or a duplicate payment occurs, the owner is the only party who is allowed to submit a written request to the General Manager for a refund. If a refund is approved, a \$10.00 Account Service Fee will be added to the next billing statement.*

If the account becomes three billing periods past due, a Lien will be filed against the property with King County, Department of Records and Elections. A \$144.00 non-refundable Lien Fee will be added to the account.

**At the time a Lien is filed, this agreement will become NULL AND VOID, and the District WILL change the billing back to myself as the owner of the property.**

**The required information must be complete and must be legible, or this form will be returned.**

**Owner Information:**

Signed: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**It is the obligation of both the Owner and the Agent/Tenant to inform the District of any address changes**

**Agent/Tenant Information:**

Signed: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Use Only  
 Owner # \_\_\_\_\_  
 Effective Date \_\_\_\_\_  
 Duplicate SetUp \_\_\_\_\_

Date: \_\_\_\_\_