

☆☆☆ AUTHORIZATION TO BILL COMMERCIAL TENANT ☆☆☆

In accordance with Resolution 16-13, this form must be completed in its entirety, signed by both the owner and the commercial tenant, and returned to Ronald Wastewater District prior to any change in billing.

RWD Account # _____ Property Address _____ Shoreline, WA

Please complete the following so that we can send future bills and correspondence directly to your commercial tenant:

1. Print your name, mailing address, and commercial tenant name and 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 "Authorization To Bill Commercial Tenant" does not relieve my responsibility for sewer service charges under RCW 57. I understand:

1. A \$1.00 monthly duplicate billing fee will be added to the bill for sending paper statements to the tenant and owner. This fee will be waived if either the tenant or owner sign up for paperless billing. Visit the district website at www.ronaldwastewater.org for further details.
2. A one-time \$10.00 Account Service Fee will be added to the bill for a commercial 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. There is a \$10.00 Refund Processing Fee, if a refund is approved.

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 non-refundable Lien Fee will be added to the account.

At the time a Lien is filed or if Tenant Bankruptcy Notice is received, 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: _____

Print Signer's Name: _____

Address: _____

City/State/Zip: _____

Commercial Tenant Information:

Signed: _____

Phone # : _____

Business Name: _____

Print Signer's Name: _____

Address _____

City/State/Zip: _____

Date: _____

It is the obligation of both the Owner and the Commercial Tenant to inform the District of any address changes

Office Use Only

Owner # _____ AA Removed _____

Effective Date _____ ACH Removed _____

Duplicate SetUp _____ Dup Removed _____