

Ronald Wastewater District
17505 Linden Avenue North ♦ P.O. Box 33490
Shoreline, WA 98133-0490
Phone (206) 546-2494 Fax (206) 546-8110
www.ronaldwastewater.org

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

Date:

Account #

In accordance with Resolution 90-46, as amended, 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 Derrick, General Manager

Per your recent request, enclosed is an Agent/Tenant Authorization Form for completion. You have indicated to the District that you would like to designate an agent/tenant to receive **ALL** sewer bills and **ALL** correspondence for you at your rental property. 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 in declaration paragraph below.
2. Return completed form (**signed by both parties**) to our office as soon as possible.

I, _____, the owner of the property known as, _____, Shoreline, Washington ("the Property") does hereby designate _____ as the agent/tenant for the purpose of representing me in connection with matters relating to Sewer Service provided to the Property.

I understand that my assignment of this "Designation of Agent" does not discharge my responsibility for sewer service charges under RCW 57, the Washington "Sewer Lien and Foreclosure" statutes.

*** I UNDERSTAND THAT I WILL NO LONGER BE RECEIVING BILLING STATEMENTS AND CORRESPONDENCE REGARDING THIS PROPERTY.
* I UNDERSTAND THAT, PER RESOLUTION 09-25, THE DISTRICT SHALL NOT BE RESPONSIBLE FOR PRORATING SEWER CHARGES UPON A CHANGE IN TENANT, PROPERTY MANAGER OR OWNER.**

I further understand that an Account Service Charge of \$7.00 will be applied to the account for a billing information change as per Resolution 09-25.

If my account becomes delinquent, three billing periods/six months past due, a Lien will be filed with King County Department of Records and Elections against the property. A \$144 Lien Fee (includes \$125 actual King County Recording Fee) will be added to this 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.**

Request for Duplicate Billing Statements: Yes ___ No ___

I, _____, the owner of the property, am also requesting the District to send duplicate billing statements to me and my designated agent at the mailing addresses listed below. I understand that, in future if an overpayment occurs, I am the only party who is allowed to submit a request for a refund of the overpayment. I also understand that this request must be made in writing. Owner's Initial _____.

(The required information must be complete and we must be able to read the name and address, or it will be sent back)

Print Owner's Name and Address:

Print Agent/Tenant Name and Address:

Signed: _____

Signed: _____

Phone #: _____

Phone #: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

It is the obligation of both the Owner and the Agent to inform the District of any address changes.