



## Utility Billing Rental Authorization

Use this form if you are an owner of a rental property and you would like the City of DuPont to bill your tenant directly. See additional information below.

Move-in Date \*

Tenant's Phone Number \*

Example: XXX-XXX-XXXX

Tenant's First Name \*

First Name

Tenant's Last Name \*

Last Name

Additional Tenant's Name

First and Last Name

Service Address \*

Example: 1234 Center Drive, Apt. 3

**DuPont, WA 98327**

First Name (Property Owner / Manager)

First Name

Last Name (Property Owner / Manager)

Last Name

Property Owner's Phone Number \*

Example: XXX-XXX-XXXX

Property Owner's E-mail \*

Retype E-mail

Property Owner / Manager's Address \*

Street Address

Address Line 2

City

State/Province/Region

Postal/Zip Code

Country

By agreeing here, I acknowledge I am the property owner or I am authorized to act on the owner's behalf as the owner's Agent or Property Manager of the above described property and account:

I agree. \*

By agreeing here, I acknowledge the utility service will not be changed into the new tenant's name until the Utility Department receives this completed Utility Billing Rental Authorization form and a signed Utility Billing Start Services Application form:

I agree. \*

By agreeing here, I do hereby instruct the City of DuPont to prepare the bi-monthly billing statement for Utility Services of the above referenced address in the tenant's name(s):

I agree. \*

By agreeing here, I acknowledge that I relinquish my authority to terminate utility services to the property while occupied by the tenant and I recognize that I may not be notified in the event of non-payment and that the tenant may discontinue Utility Service to the account at anytime during their tenancy:

I agree. \*

By agreeing here, I do hereby acknowledge I will remain responsible for unpaid account balances for utility services. If my tenant moves out and leaves balance of any amount, I understand, as the Property Owner, I will be responsible for that debt:

I agree \*

By agreeing here, I acknowledge the City of DuPont will release any information requested about this account to the aforementioned tenant(s) during their tenancy and the information released may be, but is not limited to, the account balance, payment history, or delinquency status:

I agree. \*

Check here if you would like a duplicate copy of the tenant's Utility Service Past Due billing statement.

Yes

Property Owner / Manager's Signature \*

Signature Date \*

Signature Here

M/D/YYYY



Submit