



5 N. GARDEN AVENUE * P.O. BOX 99 * ROCK ISLAND, WA 98850
(509) 884-1261 * Fax (509) 886-0569*

AUTHORIZATION TO TRANSFER
Water/ Sewer Billing into Renter's Name

Property Owner's: Name _____
Address _____

Phone _____

Rental/Meter Address _____

Please Choose Only One:

- (a) _____ I authorize transfer for current tenant only. _____
Tenant's Name
- (b) _____ I authorize transfer for all tenants.

For your convenience, the city agrees to bill your tenant for water and/or sewer service. If after 60 days of nonpayment on the above account, the tenant and property owner will receive a "Delinquent Notice". This enables the property owner sufficient time to communicate with the tenant and make arrangements for payment. If payment is not received within the specified time the service will be shut off. The property owner is required to immediately notify the City of Rock Island of any change in tenancy and to bring the account current if any balance is due.

As the property owner, I understand and agree to immediately notify the City of Rock Island of any change in tenancy. I also, understand and agree that I am responsible for any and all unpaid bills and fees for water and/or sewer service for the rental/meter address above.

Property Owner's Signature

Date