



OWNER'S PERMISSION FOR PROPERTY MANAGEMENT COMPANY

EMAIL TO: UTILITYBILLING@MONROEWA.GOV

PHYSICAL ADDRESS:

(IF MULTIPLE PROPERTIES APPLY, PLEASE ATTACH LIST OF PROPERTIES AUTHORIZED)

OWNER NAME(S): OWNER PHONE #: OWNER MAILING ADDRESS: OWNER EMAIL: CITY/STATE/ZIP: PROPERTY MANAGEMENT COMPANY: P.M. CONTACT PERSON: P.M PHONE #: P.M. MAILING ADDRESS: P.M. EMAIL: CITY/STATE/ZIP:

I, AS THE OWNER OF THE PROPERTY IDENTIFIED ABOVE, HEREBY GIVE PERMISSION TO (PROPERTY MANAGEMENT COMPANY) TO AUTHORIZE ANY TENANT CHANGE, NAME CHANGE, OR OTHER RELATED CHANGES NECESSARY TO THE UTILITY BILLING LOCATED AT THE PROPERTY LISTED ABOVE, ON MY BEHALF.

(PLEASE INITIAL ALL 3 BOXES BELOW AT LEFT AND SIGN IN THE PRESENCE OF A NOTARY)

IN CONSIDERATION OF THE CITY'S EFFORTS IN BILLING MY TENANT(S) DIRECTLY, I, AS THE OWNER OF THE PROPERTY IDENTIFIED ABOVE, AGREE TO BE RESPONSIBLE FOR AND TO PAY ANY AND ALL UTILITY CHARGES FROM THE CITY OF MONROE THAT REMAIN UNPAID BY THE TENANT(S).

I UNDERSTAND THAT ANY CHARGES LEFT UNPAID BY A PRIOR TENANT CAN CAUSE THE WATER SERVICE TO BE SHUT OFF, REGARDLESS OF OCCUPANCY.

FURTHERMORE, I EXPRESSLY AUTHORIZE AND CONSENT THE CITY OF MONROE TO FILE AND RECORD LIENS ON THIS AFOREMENTIONED PROPERTY AS SECURITY FOR THE PAYMENT OF ANY AND ALL SUCH CHARGES.

OWNER

DATE

SUBSCRIBED AND SWORN TO ME THIS DAY, 20

NOTARY SEAL

NOTARY PUBLIC IN AND FOR THE STATE OF RESIDING AT:

THE ADVENTURE STARTS HERE!

City of Monroe 806 West Main Street, Monroe, WA 98272 Phone (360) 794-7400 Fax (360) 794-4007 www.monroewa.gov