

CLINTON WATER DISTRICT

PO BOX 544 -- 6437 S. HARDING AVE.

CLINTON, WA 98236

PH: 360.341.5487 FAX: 360.341.1323

ALTERNATE BILLING AUTHORIZATION

\$20.00 FEE FOR EACH TRANSFER OF BILLING

I the undersigned legal owners of; **Service address:** _____ served by Clinton Water District **account #** _____.

I hereby authorize the Clinton Water District to directly bill the **Tenants** or **Property Manager** (name) _____ of the service address above at;

Mailing address: _____

Effective date: _____

Tenants or **Property Manager Telephone numbers:**

Home _____ Work _____ Cell _____

I provide this authorization with the understanding *that any charges left unpaid by the Property-manager/tenants remain the responsibility of the legal owners. Any balance must be paid before a change in billing recipient is made.* Each change in billing recipient requires a new Alternate Billing Authorization. Outstanding charges will be collected pursuant to adopted District policies.

Owner or Property Manager

Mailing address: _____

Owner or Property Manager **Telephone numbers:**

Home _____ Work _____ Cell _____

 Owner or Property Manager **Printed Name**

 Owner or Property Manager **Signature**

Dated: _____

RETURN TO: CLINTON WATER DISTRICT, PO BOX 544, CLINTON, WA 98236
DROP OFF AT THE OFFICE (drop slot to right of door) 6437 HARDING AVE, CLINTON
TELEPHONE (360) 341-5487- FAX (360) 341-1323 EMAIL CWD@WHIDBEY.COM