



City of Kalama

Incorporated 1890

PO Box 1007
320 N. First St.
Kalama, WA 98625
(360) 673-4562



PROPERTY OWNER AUTHORIZATION (Form Must Be Filled Out Completely)

Date: _____

I verify I am the owner of the property located in Kalama, Washington, at _____

As owner of this property, I hereby request that the following renter _____ be allowed to receive and pay the utility billing of the City of Kalama. **I understand I will be sent a copy of any late notices mailed to the tenant.**

This form acknowledges that the property owner is aware that even though the tenant is receiving the bill, should the tenant default, the property owner, by State law, [RCW 35.21.290 (water), 35.21.150 (garbage), 35.67.200 (sewer)] is still responsible for the payment of the water, sewer, and garbage bills. **I understand that as owner I am responsible to notify the City of any changes in tenants and that I am responsible for any bills that occur prior to the date of notification of new tenants and during vacancies.**

I acknowledge I am still the responsible party for payment of the utility bills should the renter not make the scheduled payments. If the renter is not able to make the scheduled payment, please take the following actions regarding the water account:

- Allow** partial payments/payment arrangements with tenant to avoid shut off. The City will notify you when a new bill is issued and the previous bill remains unpaid.
 - Do not allow the outstanding balance past due to exceed \$_____.
- Do Not Allow** partial payments/payment arrangements and require balance to be paid in full to turn water back on should a termination of service for nonpayment occur.

NOTICE

If a complete mailing address is not provided for the tenant, the utility bill will be sent to the property owner.

PROPERTY OWNER=S SIGNATURE _____

PROPERTY OWNER=S PRINTED NAME AND ADDRESS: _____

Owner=s Phone: _____

Owner=s E-Mail: _____

TENANT=S PRINTED NAME AND ADDRESS: _____

Tenant=s Phone: _____; Tenant=s E-Mail: _____

CLERK SIGNATURE