



“RESIDENT” DUPLICATE BILLING APPLICATION

The undersigned, being the owner of the following described single-family residential property, hereby requests that Lakewood Water District (District) send a duplicate billing of water charges to the resident of the said rental property on terms and conditions set forth herein:

Date: _____ Account Number: _____

Service Address: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's Phone Number: _____

Terms and Conditions

1. Duplicate billing shall in no way be construed by either party as a waiver of District's rights to file a lien or liens against the real property pursuant to statutory authority of the State of Washington.
2. This duplicate billing shall not relieve the property owner or the property of liability for any and all unpaid water charges and penalties. If the account is unpaid per the District's disconnect policy, the water will be disconnected. Water will not be restored until past due water bill and fees are paid in full. Commencement of lien will proceed if the account is not brought current. **Please note this is for a duplicate bill copy and reminder letter only. Tenant's will not be contacted via phone or email regarding delinquent balances.**
3. I understand that failure to receive a bill does not relieve a customer of the responsibility for payment of charges and penalties. I also understand that the property owner is ultimately responsible for the utility charges against the property per RCW 57.08.081. I authorize Lakewood Water District to send a duplicate bill addressed to “RESIDENT” to the service address above.
4. I authorize Lakewood Water District to send a duplicate bill addressed to “RESIDENT” to the service address above. Both the Owner and the Resident will receive a copy of the bill.
5. I understand the duplicate billing will only be removed upon termination of the account or by written request.
6. I, the housing provider, authorize the “RESIDENT” duplicate billing service.

Signature: _____ Date: _____

Please return completed form to Lakewood Water District or email to adickens@lakewoodwater.org