



1106 Vernon Rd, Suite A  
 Lake Stevens, WA 98258  
 (425) 334-8588 / Fax (425) 335-5947

## REQUEST FOR DUPLICATE BILLING STATEMENTS

Sewer Account # \_\_\_\_\_

\_\_\_\_\_  
 Name of Legal Property Owner (\_\_\_\_\_) \_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Legal Owner's Mailing address City State Zip

\_\_\_\_\_  
 Service Address City State Zip

**Duplicate Billing Statement to be mailed to:**

\_\_\_\_\_  
 Name of Business or Individual (\_\_\_\_\_) \_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Mailing Address City State Zip

Is this a Property Manager? Yes \_\_\_ No \_\_\_      Homeowner's Assoc.? Yes \_\_\_ No \_\_\_

If Yes please provide: Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**I am the legal owner(s) of the above referenced property (or I am authorized to represent a company that is the legal owner of this property). I request that a duplicate monthly sewer statement be mailed to the address listed above, and authorize the additional service fee of \$1.00 per month to be added to the associated sewer account. This form must be received on or before the 25<sup>th</sup> of each month to start Duplicate billing for the next billing cycle.**

\_\_\_\_\_  
**Signature** (of legal property owner or representative) **Date**

\_\_\_\_\_  
**Print Name** **Title**

<u>ADD</u>	<u>For Office Use Only</u>	<u>REMOVE</u>
Landlord Setup _____		Leave Landlord Setup _____
Location Added _____		Remove Location in Landlord _____
Customer Modified _____		Modified Customer _____
Dup. Billing Fee Added _____		Temp. Disconnect Dup Fee _____
Notes Added _____		Notes Added _____