



**LAKE STEVENS  
SEWER DISTRICT**  
Serving You Since 1957

1106 Vernon Road · Suite A, Lake Stevens, WA 98258  
(425) 334-8588 · Fax (425) 335-5947  
accountspayable@lkssd.org  
www.lkstevenssewer.org

## DUPLICATE BILLING STATEMENTS REQUEST

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

Owners Email: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Name of Tenant or Property Management Comp. (\_\_\_\_\_) Phone Number Required

\_\_\_\_\_  
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**

| For Office Use Only          | <u>ADD</u> |
|------------------------------|------------|
| Landlord Setup               | _____      |
| Location Added               | _____      |
| Customer Modified            | _____      |
| Dup. Billing Fee Added       | _____      |
| Notes Added                  | _____      |
| User Defined Box Check       | _____      |
| Added to Pending Spreadsheet | _____      |