



Reference # _____

TENANT ALTERNATE BILLING AUTHORIZATION

Account # _____

Owner Authorization

I, _____, owner of the property at: _____

Hereby request that the utility bills for this account be mailed to the tenant listed below until further notices.

If the tenant is on the "Delinquency" list more than twice, the billing can be reverted to the owner's address.

I understand I will continue to be responsible for this account should any bills remain unpaid for any reason.

Owner's Mailing Address: _____.

_____.

City State Zip Code

Owner's Phone Number: _____.

Owner's Signature: _____.

Account # _____

Tenant Authorization

I, _____, renter/tenant of the aforementioned property understand and agree that the City of Ocean Shores will notify the owner if any delinquency occurs to this account. I also understand that if I, the renter/tenant appear on the "Delinquency" list more than twice, the billings can be reverted back the property owner

Tenant's Mailing Address: _____.

_____.

City State Zip Code

Tenant's Phone Number: _____.

Tenant's Signature: _____.