

VALLEY WATER DISTRICT

14515 PIONEER WAY EAST
PUYALLUP WA 98372

Phone: 253-841-9698 ~ Fax: 253-770-8959

E-mail: billing@valleywaterdistrict.com

Authorization to Start or Stop Duplicate Bill Service

Account Number _____

Date _____

RE: _____

Property Address

Valley Water District, a municipal corporation organized pursuant to state law (RCW 57), maintains all water service accounts in the name of the legal property owner. Whereas the law (RCW 57.08.081) allows for water districts to discontinue service and/or place a lien on properties for which water charges are delinquent, the owner is thus ultimately responsible for water service charges to the account.

It is illegal for the District to participate in any eviction process. Therefore, water service will not be terminated per the owner's request if a residence is known to be occupied. It is the responsibility of the owner (or owner's designee) to provide written notification of any changes in residency status or billing information.

As Owner/PMGR of the property in reference above, I understand that I will be billed for the water service supplied to this location and herein request that a **copy** of the billing statements and all notices for water service be mailed to RESIDENT at the SERVICE ADDRESS, for which a mailbox at the service location will be provided. **Tenants will not receive prorated statements.** I agree to a fee of \$3.45 per billing cycle which will be charged to the account for this duplicate billing service. I understand that this service may be stopped at any time upon my written request.

(Circle one) I am requesting to **start** / **stop** Duplicate Billing Service for the address above.

Name changes require additional documentation

Owner/PMGR Name _____

Mailing Address _____

Phone Number(s) _____

Home

Cell

Work

Email Address _____

Owner/PMGR Signature _____

There is a \$50.00 fee for the following requests. Please complete below, if applicable.

I am requesting water to be turned on. NO YES Date _____

I am requesting water off & meter locked. NO YES Date _____ (Residence must be vacant for this option.)

FOR OFFICE USE

DUP SERVICE _____

CONTACT _____