LOA

I, (We) _____hereby designate
Name of Property Owner(s)

_____
Name of Tenant or Property Manager

_____
Tenant or Property Manager Billing Address with City, State and Zip Code

_____
Tenant or Property Manager Phone Number

as the property manager for my (our) property at _____ sewer account number to receive the monthly Pierce County Sewer Bill. I (We) understand that as the owner(s) of record that I (We) am (are) ultimately responsible for any delinquencies on the part of my (our) designated tenant and/or property manager. I (We) understand that if a lien is placed on this property due to delinquent charges, I (we) will be assessed Lien Recording and Lien Administration Charges and I (we) agree to pay those charges. In the event of a foreclosure, I (We) agree to pay all delinquent charges and legal fees incurred by the County.

I (We) agree to notify Pierce County Public Works & Utilities in writing 60 days in advance of any change in my (our) designation of a tenant or property manager or routing of my (our) Pierce County Sewer Bill.

I (We) understand that Pierce County Public Works & Utilities reserves the right to revoke this authorization at any time for non-payment of sewer service charges.

I (We) understand that Pierce County Public Works and Utilities will send a copy of Delinquent and Lien notices to me (us) and the tenant or property manager designated.

TENANT MOVE IN DATE (Month/Year): _____

Signed _____
Property Owner

Signed _____
Property Owner

Dated _____

Property Owner(s) Current Address
_____
_____
_____
_____

Owner Phone No. _____

THIS FORM MUST BE NOTARIZED

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn personally appeared _____ to me known to be the individual(s) described in and who executed the foregoing instrument and acknowledged to me that signed and sealed the said instrument as _____free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.

Notary Public, in and for the State of
_____, residing at

Notarized By: _____

Once completed, return this form to: **Pierce County Public Works and Utilities**
98500 – 64th Street West
University Place, WA 98467-1078
FAX: (253) 798-4695