

LOA

I, (We) _____ hereby designate
Name of Property Owner(s)

Name of Tenant

Tenant Billing Address with City, State and Zip Code

Tenant Phone Number

to receive the monthly Pierce County Sewer Bill for property located at _____
sewer account number _____.

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.

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 Planning and Public Works Department in writing 60 days in advance of any change in my (our) designation of a tenant or routing of my (our) Pierce County Sewer Bill.

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

I (We) understand that Pierce County Planning and Public Works Department will send a copy of delinquent and lien notices to me (us) and the tenant designated.

TENANT MOVE IN DATE (Month/Year): _____

Signed _____
Property Owner

Property Owner(s) Mailing Address

Signed _____
Property Owner

Owner's Email: _____

Dated _____

Owner's Home Phone # _____

Owner's Cell Phone # _____

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 _____, 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 he/she signed and sealed the said instrument as his/her 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: _____ My Notary Expires: _____

Once completed, return this form to:
Pierce County Planning and Public Works
9850 64th Street West
University Place, WA 98467-1078
FAX: (253) 798-4695