LANDLORD AGREEMENT
(Water and Sewer Service)

Effective Date: _____

Check one: Owner:_____ Trustee: _____ Property Manager _____

Name: _____

Mailing Address: _____

Phone #_____ SS#/Tax ID _____

I, the undersigned, give authorization to the City of The Dalles, to place the following accounts in the name of the person or entity checked below:

_____ Renter
_____ Address

_____ Property Management Company
_____ Address

_____ Renter on discounted CAP rate
_____ Address

I understand that as the owner of the property (or properties) listed below, I will be responsible for the utility bills for the property (or properties) in the event the renter or property management company does not pay those bills. I understand that if the account in the name of the renter or property management company is disconnected for nonpayment, the account must be paid in full, after which the service must be reconnected in my name, or if I sign an agreement stating I will be responsible for any unpaid utility charges if the account is to be in the name of a renter or property management company. I further understand that any outstanding utility bills may be attached as a lien against the property (or properties).

Properties covered:
_____
_____
_____

I will notify the City of The Dalles Finance Department, Utility Billing Services, in writing, if I desire to cancel this agreement.

_____ _____
Signature Date

Office Use Only

Customer ID _____
Entered by _____
Date entered _____