Email to: CustomerService@woodinvillewater.com

Woodinville Water District
17238 NE Woodinville-Duvall Road, PO Box 1390
Woodinville, WA 98072-1390
(425) 487-4100 FAX (425) 485-6381

Authorization to Release Bills and Notices to Property Management Company

PROPERTY OWNER INFORMATION	
Customer Number:	
Property Address:	
Property Owner Name:	Contact Phone Number:
Owner's Mailing Address:	
In accordance with District Resolution No. 3745 all customer accounts established as single family residential accounts for water and/or wastewater service shall be in the name of the owner of the premises for which service is provided. An owner shall have the right to have bills and notices sent to a Property Management Company.	

☐ Until further notice, the undersigned property owner hereby authorizes and directs Woodinville Water District to send all bills and notices pertaining to the above referenced property to the property manager listed below.

Property Management Company Name: _____

Mailing Address: _____

Property Manager Phone Number: _____

Property Manager Email: _____

I understand, as the legal owner of the above property, that I am responsible for all water and sewer charges and that these charges are subject to late penalties, administrative fees, service disconnection, and property liens.

All notices regarding delinquent utility service charges, water termination notices shall be sent to the Property Management Company. Any letters of intent to file a lien shall be sent to the Owner's address provided above.

I acknowledge that it is my responsibility to provide the District with my current mailing address.

Owner Signature _____ Date _____

(Valid only if signed before Notary Public)

Print Name _____

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that _____signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature _____

Print Name _____

Date _____

Notary Public in and for the State of Washington
Residing at: _____

My Commission Expires:_____

Revised 5/10/2022