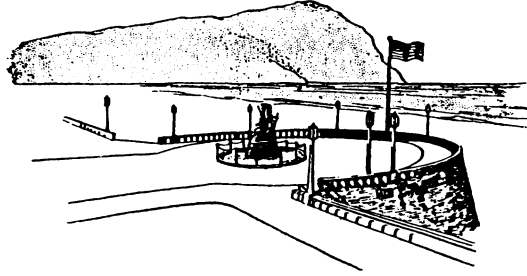


# CITY OF SEASIDE

OREGON'S  
FAMOUS  
ALL-YEAR  
RESORT



989 BROADWAY  
SEASIDE, OREGON 97138  
(503) 738-5511

DATE: \_\_\_\_\_

DATE OF MOVE IN: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: CITY OF SEASIDE  
WATER DEPARTMENT  
989 BROADWAY  
SEASIDE, OREGON 97138

PLEASE SEND MY WATER BILLING TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: SEASIDE ST: OR ZIP: 97138

PHONE: \_\_\_\_\_

**I UNDERSTAND THAT BY SIGNING AND RETURNING THIS FORM:**

I AM AUTHORIZING YOU TO MAIL THE WATER BILL FOR THE ABOVE ADDRESS TO THE RENTER OR CARETAKER FOR PAYMENT. I UNDERSTAND THAT I AM STILL RESPONSIBLE FOR ANY UNPAID WATER BILLS AND THIS FORM DOES NOT RELEASE ME FROM MY OBLIGATION.

**IF A RENTER OR CARETAKER CONTINUES TO BE PAST DUE FOR 2 (TWO) BILLING PERIODS THE BILL WILL REVERT BACK TO THE PROPERTY OWNER'S NAME AND ADDRESS.**

**THE CURRENT AMOUNT DUE MUST BE PAID IN FULL BEFORE THE BILLING IS TRANSFERRED INTO THE NAME OF THE RENTER OR CARETAKER.**

OWNER'S/PROP MGR. SIGNATURE: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**A NEW FORM IS REQUIRED FOR EACH NEW RENTER**

AMOUNT DUE BEFORE NAME CHANGE \$ \_\_\_\_\_ FOR SERVICE DATES \_\_\_\_\_