



**LAKE STEVENS
SEWER DISTRICT**
Serving You Since 1957

1106 Vernon Road · Suite A, Lake Stevens, WA 98258
(425) 334-8588 · Fax (425) 335-5947
customerservice@lkssd.org
www.lkstevenssewer.org

DUPLICATE BILLING STATEMENTS REQUEST

Sewer Account # _____ Service Address: _____

Name of Tenant or Property Management Co: _____

Is this a Property Manager? YES _____ NO _____ *If YES, a current owner agreement must be attached*

Mailing Address for Tenant/Property Mgr: _____

Tenant and/or Property Manager Email: _____ Tenant and/or Property Manager Phone: _____

Terms and Conditions

1. This serves as a written request for duplicate bills for service to tenants to be mailed to the address listed above in accordance with RCW57.08.081(7).
2. This form authorizes the District to charge an additional service fee of \$1.00 per month to the associated sewer account.
3. There is an administrative fee of \$35.00 for each new set up or modification of the duplicate billing statement request. (effective 11/24/2021)
4. It is the owner's responsibility to ensure that the account balance is paid to \$0 prior to any tenant modification.
5. The owner or owner's designee must notify the District of a change in tenant or property management company in writing, within thirty (30) days. All requests must be received by the 25th of the month to ensure changes are made for the next billing cycle.
6. Duplicate billing shall in no way be construed by either party as a waiver of District's rights to file a lien or liens against the real property pursuant to statutory authority of the State of Washington.

Name of Legal Property Owner (required): _____

Legal Owner Mailing Address (required): _____

Legal Property Owner's Designee (if applicable): _____

Designee Mailing Address: _____

Owners Email: _____ Owners Phone: _____

Designee Email: _____ Designee Phone: _____

As the legal owner of the property in reference above I understand that I will be billed for service supplied to this location and herein request that a **COPY** of the billing statement be mailed to the name and address listed above. I have read and understand the terms and conditions and authorize associated fees. I understand if assigning a designee, the designee replaces **ALL** legal owner correspondence.

Signature of Legal Owner or Owner's Designee: _____

*Legal Owner must sign if assigning a designee

Print Name: _____ Date: _____

For Office Use Only

Landlord Setup and Location Added _____

Duplicate Billing & Set Up Fee Added _____

Customer Modified _____

Check ACH & Paperless Billing _____

Notes Added to Account _____

Added to Pending Spreadsheet _____