



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

1106 Vernon Road · Suite A,  
Lake Stevens, WA 98258  
(425) 334-8588 · Fax (425) 335-5947  
Web Address: lkstevenssewer.org

## DUPLICATE BILLING STATEMENTS REQUEST

Sewer Account # \_\_\_\_\_

\_\_\_\_\_  
Name of Legal Property Owner (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Required

\_\_\_\_\_  
Legal Owner's Mailing Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Service Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Duplicate Billing Statement to be mailed to:**

\_\_\_\_\_  
Name of Tenant or Property Management Comp. (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Required

\_\_\_\_\_  
Mailing Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this a Property Manager? Yes \_\_\_ No \_\_\_ Homeowner's Assoc.? Yes \_\_\_ No \_\_\_

If Yes please provide: Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**I am the legal owner(s) of the above referenced property (or I am authorized to represent a company that is the legal owner of this property). I request that a duplicate monthly sewer statement be mailed to the address listed above and authorize the additional service fee of \$1.00 per month to be added to the associated sewer account. This form must be received on or before the 25<sup>th</sup> of each month to start Duplicate billing for the next billing cycle.**

\_\_\_\_\_  
**Signature** (of legal property owner or representative) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name** \_\_\_\_\_  
**Title**

For Office Use Only	<u>ADD</u>
Landlord Setup	_____
Location Added	_____
Customer Modified	_____
Dup. Billing Fee Added	_____
Notes Added	_____
User Defined Box Check	_____
Added to Pending Spreadsheet	_____