



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

1106 Vernon Road · Suite A, Lake Stevens, WA 98258  
(425) 334-8588 · Fax (425) 335-5947  
accountspayable@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 Duplicate Bill: \_\_\_\_\_

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 25<sup>th</sup> 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 \_\_\_\_\_

User Defined Box Check \_\_\_\_\_

Notes Added to Account \_\_\_\_\_

Added to Pending Spreadsheet \_\_\_\_\_