



Department of
FINANCE

OWNER UTILITY BILLING AUTHORIZATION FOR PROPERTY MANAGER/ RENTERS

Date Authorization is to begin: _____

Location ID/Account Number: _____

Service Address: _____

OWNER(s) NAME(s): _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #1: _____ PHONE #2: _____

EMAIL ADDRESS: _____

If it is your wish to give the City of Lincoln City the authorization to place this account in a property manager/renter name(s) and have the billings mailed direct to them/him/her, please sign and return this form. We will not place the account in your manager/renter name(s), give them account information, or mail the billings to them/him/her until we have received this form signed by you.

This action is pursuant to Lincoln City Municipal Code [LCMC] 13.12.110. We can only put the account in your manager/renter name(s) and bill them/him/her directly if you agree to assume responsibility for **all unpaid billings, interest and collection fees**. Further, under Municipal Code Section 13.12.130, all outstanding billings are a lien against your property.

Should this account become delinquent you or your property manager/designee will receive a Past Due Notice. Interest accrues on delinquent accounts at the rate of 1 ½ percent per month. Should the service be turned off, there is a \$50.00 fee to have the water restored. Each time a new renter is placed they will be charged the \$25.00 new account set up fee. These charges are part of the account balance and subject to the terms of LCMC 13.12.110.

I hereby attest that I am the legal owner of this property as shown in the Assessor Records of Lincoln County and that I understand and agree to the terms as outlined above. I understand this agreement can only be terminated upon written notice from me.

OWNERS' SIGNATURE (S): _____

Print Name(s): _____ **Date:** _____

Check one, or both: Renters Authorization: Property Manager Authorization:

Property Management Company Name: _____

Contact Person: _____ Phone #: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____