



Spokane County Sewer Billing REPRESENTATIVE LETTER OF AUTHORIZATION

To be completed by the legal Owner:

Sewer Account Number: _____

Property Address: _____

OWNER(S) INFORMATION

(Please Print)

Owner Name(s): _____

Mailing Address: _____

Phone Number: () _____

Email: _____

REPRESENTATIVE(S) INFORMATION

(Please Print)

Representative

Name: _____

Relationship to

Owner: _____

Phone Number: () _____

Email: _____

By my signature below, I understand and agree that:

- As the Owner, designating a Representative will allow this person to obtain information on the sewer account noted above. Any changes to the account can only be requested by the legal owner.
- The Owner remains responsible for the monthly charges, fees, late payment penalties and interest on the part of the designated Representative. If the charges on the account are not paid timely, a lien will be placed on the property. Liens may lead to foreclosure of the property pursuant to RCW 36.94.150.

Instructions for completing this form

1. Complete all fields above.

2. Sign and date below.

3. Form return options:

Email: SewerBilling@spokanecounty.org

Mail: Spokane County Sewer Billing, 1026 W Broadway Ave, 2nd Floor, Spokane, WA 99260

Fax: (509) 477-7178

Owner(s) Signature: _____ Date: _____

For Office Use Only

Received: _____

Initials: _____

Entered: _____

Initials: _____