



CITY OF WEST SACRAMENTO
Finance Department
Authorization for Tenant Billing
 1110 West Capitol Avenue
 West Sacramento, CA 95691
 P (916) 617-4589 F (916) 373-9006

Section 1 - Purpose

The City of West Sacramento holds the property owner responsible for bringing to the property basic health-related services such as water, sewer, and refuse collection. Per Municipal Code 13.04.670, we bill the property owner directly for all services provided to the owner's property. We will, however, send the bill and related notices in care of a long-term tenant if agreed to by both property owner and tenant.

This form allows the tenant to receive the billing and request account changes to the following services which may result in increased billing charges:

Check which service to change billing address for () *All services* () *Commercial Refuse only*

Date change is effective. _____ (no pro-ration)
 (Effective date is the NEXT calendar month when date above is not the 1st of the month.)

Section 2 – Information

Account Number: _____

Service Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Daytime Telephone Number: (_____) _____

Tenant's Name: _____

Tenant's Mailing Address: _____

Tenant's Daytime Telephone number: (_____) _____

Section 3 - Authorization

As owner of the above service address, I understand that bills and related notices will be sent to the tenant and **in the event these charges are not paid I will be held responsible** and those unpaid charges can be placed as a lien against my property. Furthermore, I understand that it is my responsibility as owner of the property to periodically check on the status of this account and that **no copy of the tenant billing will be sent to me** by the city.

 Property Owner's Signature

 Date

 Tenant's Signature

 Date