## LANDLORD AGREEMENT (Sewer Service Only)

Effective Da	ite:		
Check one:	Owner:	Trustee:	Property Manager
Name:			
Mailing Add	lress:		
Phone #		_ SS#/Tax	ID
	-	rization to the City of That it is checked below:	he Dalles, to place the following accounts
		Renter Address	
	<u> </u>		roperty Management Company address
	Renter on discounted CAP rate Address		
company do property man that I will be name of rent account mus an agreement the name of	es not pay those be nagement company to responsible for under or property man to be paid in full, a to stating I will be a renter or proper	wills. I understand that if any is closed, the account tility charges for the pro- nagement company is to after which the service management company ty management company	the event the renter or property management of the account in the name of the renter or may only be reconnected in my name and operty (or properties) If the account in the erminated for nonpayment, I understand the nust be reconnected in my name, or if I sign aid utility charges if the account is to be in y. I further understand that any nst the property (or properties).
Properties co	overed:		
•	the City of The D	-	nt, Utility Billing Services, in writing, if I
Signature		Date	
Office Use (	<u>Only</u>		
Customer ID Entered by			

Date entered \_\_\_\_\_