

# TOWN OF COULEE CITY

501 West Main Street  
P.O. Box 398  
Coulee City, WA 99115-0398

(509)-632-5331 Phone  
(509)-632-5125 Fax  
E-mail: [tcoulee@odessaoffice.com](mailto:tcoulee@odessaoffice.com)



## OWNER – RENTER BILLING AUTHORIZATION

### Property Owner:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Account No.:

As the Property owner, I hereby request that the Town of Coulee City send the monthly Utility billings for the following property:

**Property Address:** \_\_\_\_\_

to the Renter and address listed below. I understand that as the owner of the property, services ultimately remain my responsibility despite that the monthly bill will be sent to the renter's address. I understand that I continue to be responsible for any non-payment on the account, including fees or penalties. I also understand that non-payment could result in a lien against my real property in which utilities have been furnished.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Property Owner*

\_\_\_\_\_  
*Property Owner*

*Please send monthly utility bill to:*

### Renter:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Account No.: