

PO Box 590  
Platte City, MO 64079  
(816) 858-2052  
(816) 858-3537 fax  
www.pcrsd.com



# TENANT BILLING AUTHORIZATION FORM

**Account #:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

## PROPERTY OWNER INFORMATION

**Owner Name:** \_\_\_\_\_

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

**City, ST Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## TENANT INFORMATION

**Tenant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

I authorize the Platte County Regional Sewer District (PCRS D) to send the monthly bill for my property to the tenant listed above. I acknowledge that I am responsible for the sewer charges plus any penalties and collections costs PCRS D incurs if the tenant becomes delinquent. I also acknowledge the PCRS D reserves the right to suspend tenant billing without notice.

**Property Owner**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_