

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:** _____