



# Platte County Regional Sewer District Tenant Billing Authorization Form

## PROPERTY OWNER INFORMATION

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Owner Name:

Acct. #:

Service Address:

Mailing Address:

City, ST Zip

Phone:

## TENANT INFORMATION

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Tenant Name:

Mailing Address

(if different):

City, ST Zip

Phone:

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 shall notify PCRS D promptly of any change in tenancy for the property.

Property Owner

Signature:

Date: