



ROSEBURG URBAN SANITARY AUTHORITY

1297 N.E. Grandview * P.O. Box 1185 Roseburg, OR 97470 * 541-672-1551 * 541-672-7548 Fax

**PROPERTY OWNER ASSIGNMENT OF AGENT
(Licensed Property Management Company)**

Property Address: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone Number: _____

Owner email Address: _____

Property Management Company: _____

Company Contact: _____

Company Address: _____

Company Phone Number: _____

Company Contact email Address: _____

I, the undersigned owner(s) of the property set forth in this document, hereby appoint the property management company named in this document as my agent to receive any and all documents relating to sewer service to the listed property. This includes but is not limited to delivery of monthly bills, delinquency notices, and lien notices. Delivery of the documents described in the prior sentence shall constitute delivery to an owner as may be required by any ordinance or Oregon statute. The listed property management company may change its mailing address. Delivery to a new mailing address specified by the property management company is considered sufficient delivery to my agent.

I also understand that I am still ultimately responsible for all charges incurred on the above-named property as outlined in the Roseburg Urban Sanitary Authority code and resolutions adopted by the Board. This authority will remain in force until such time as Roseburg Urban Sanitary Authority is notified by the Owner/Agent, in writing, that it is to be revoked.

Property Owner/Legal Representative Signature

Date