



ROSEBURG URBAN SANITARY AUTHORITY

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

OWNER BILLING REQUEST

DATE: _____

Account Number: _____

Service Address: _____

Renter Move In Date: _____

I, _____, Owner of the above described property, do

hereby request all sanitary sewer bills be sent to my current renter, _____

_____. The renter's mailing address is as follows: _____

_____.

I UNDERSTAND I WILL REMAIN RESPONSIBLE SHOULD MY RENTER FAIL TO MAKE THE PAYMENT(S). I AM ALSO AWARE IF THIS ACCOUNT BECOMES DELINQUENT, LATE FEE(S) WILL BE ADDED AND A LIEN COULD BE PLACED ON THE PROPERTY TAX ROLLS WITH A PENALTY ADDED, WHICH WILL BE ASSESSED BY RUSA.

I FURTHER UNDERSTAND, ROSEBURG URBAN SANITARY AUTHORITY WILL SEND ME A DUPLICATE OF EACH BILL, AND A \$5.00 DUPLICATE BILLING FEE WILL BE ADDED TO THE BILL FOR THIS SERVICE.

REMINDER: RUSA BILLS FOR THE PREVIOUS MONTH OF SEWER SERVICE.

Owner's Signature: _____

Owner's Mailing Address: _____

Owner's Address (Please Print)

Owner's City, State, Zip Code (Please Print)

Owner's Name (Please Print)