City of Algona

402 Warde Street Algona, WA 98001 Phone: 253.833.2897

Fax: 253.939.3366



PROPERTY OWNER/TENANT AUTHORIZATION FORM

Account #		Date			
Property Address					
Washington State La which utilities are del and not on an individ paid. Thus, the owne	inquent by cutting dual, utility services	off service. As the liver will not be restore	ien is place d until all c	d on the pr	operty,
The property owner v	vill receive a copy o	f the tenant's past	due notific	ation.	
It is the property owner's responsibility to notify the City of Algona of any vacancy or other changes in billing information. If the tenant contacts the City of Algona to request a final bill, or if the account is shut off for delinquency, the account will automatically be placed back into the property owner's name until further written notification is received.					
I,mentioned property,	would like you to b	<u> </u>	perty own	er of the	above-
for utility services as Tenant's phone numb	_	-		<u>.</u>	
Property owner's Sig	nature				
Mailing Address					
City/State/Zip					
Phone Number					