

**City of Shoreline Wastewater Utility**

17500 Midvale AVE N  
Shoreline, WA 98133-4905  
(206) 546-2494  
[www.customerservice@shorelinewa.gov](mailto:www.customerservice@shorelinewa.gov)



**AUTHORIZATION TO BILL COMMERCIAL TENANT**

This form must be completed in its entirety, signed by both the owner and the commercial tenant, and returned to City of Shoreline Wastewater Utility prior to any change in billing.

Account #:

Property address:

**Please complete the following to have copies of future bills and correspondence sent directly to your commercial tenant:**  
1. Print your name, mailing address, and commercial tenant name and mailing address below.  
2. Sign the form and return it to our office.

I,  
the owner of the above property, understand that my assignment of this 'Authorization to Bill Commercial Tenant' does not relieve my responsibility for sewer service charges under RCW 57. I understand that:

1. A \$2.00 monthly Duplicate Billing Fee will be added to the bill for sending paper statements to the tenant and owner. This fee will be waived if either the owner or the tenant signs up for paperless billing. Visit the website at [www.shorelinewa.gov/wastewater](http://www.shorelinewa.gov/wastewater), Payment Options, Sign Up for Paperless Billing for details.
2. A one-time \$13.00 Account Service Fee will be added to the bill for a commercial tenant information change.
3. The wastewater utility does not prorate sewer charges.
4. If an overpayment or duplicate payment occurs, the owner is the only party allowed to submit a written request to the Finance Manager for a refund. A \$13.00 Refund Processing Fee will be charged if a refund is approved.

If the account becomes three billing periods past due, a lien will be filed against the property with King County Department of Records and Elections. A non-refundable Lien Fee will then be added to the account.

**The required information must be complete and legible, or this form will be returned.  
It is the obligation of both the Owner and the Commercial Tenant to inform City of Shoreline Wastewater utility of any address changes.**

Owner Information	Commercial Tenant Information
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
<b>Signature</b> _____	<b>Signature</b> _____
Date:	Date:

**OFFICE USE ONLY:**

Owner #

Effective date: