



South Suburban Sanitary District

2201 Laverne Ave.

Klamath Falls, OR 97603

Phone: 541-882-5744 Fax: 541-882-5013

District Board of Directors

Position 1 – Joe Spendolini

Board Chairman

Position 2- Kenneth DeCrans

Position 3- Michael Koger

District Manager/Board Secretary

Brett Blofsky

### THIRD PARTY / TENANT AUTHORIZATION FORM

NAME OF PROPERTY OWNER: \_\_\_\_\_ (please print)

PROPERTY OWNER MAILING ADDRESS: \_\_\_\_\_

PROPERTY OWNER PHONE NUMBER: \_\_\_\_\_

I hereby authorize the South Suburban Sanitary District to accept regular sewer payments on my behalf from the tenant/third party listed below and allow any information related to the account to be shared with the tenant/third party.

I certify that I, the property owner as listed above, agree that I am ultimately responsible for all sewer fees that may be applied to the below mentioned address. I understand that if my account goes unpaid the amounts will be subject to late penalties, certification penalties, and at the end of each fiscal year (June 30<sup>th</sup>) added to my property taxes as a lien without prior notice to me, the property owner.

I understand that the District will continue to send bills to the authorized tenant/third party until they receive, in writing, a request from me, the property owner, to do otherwise.

I understand that if the District receives notification that property ownership has changed, this document will be considered invalid.

I agree that the South Suburban Sanitary District shall not be liable for any conflicts or expenses related to any agreements between the landlord/property owner and the tenant/third party. The relationship between the property owner and the tenant/third party shall be of no consequence to the District.

Upon receiving this signed authorization, the District shall begin sending billing statements to the address as indicated by the authorization form below. The District will not be expected to send out duplicate billing statements.

PROPERTY ADDRESS: \_\_\_\_\_

AUTHORIZED TENANT/THIRD PARTY: \_\_\_\_\_ (please print)

AUTHORIZED BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Tenant/ Third Party

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Employee Initial: \_\_\_\_\_