

South Suburban Sanitary District  
2201 Laverne Avenue, Klamath Falls, OR 97603  
(541) 882-5744 Billing (541) 882-5013 Fax

**UTILITY SERVICE / SYSTEM DEVELOPMENT CHARGE  
AUTHORIZATION FORM FOR LANDLORDS/THIRD PARTY**

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

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

PHONE NUMBER (direct extension) OF PROPERTY OWNER: \_\_\_\_\_

I hereby request that the South Suburban Sanitary District accept payment from the tenant/third party on my behalf as listed below and allow any information related to the account to be known to the tenant/third party.

*(check all that apply):*

- District to provide Account Information to Tenant/Third Party
  - District to accept Sewer Service payments from Tenant/Third Party
  - District to accept System Development Charge (SDC) payments from Tenant/Third Party
- |                   |               |
|-------------------|---------------|
| Description _____ | Cost \$ _____ |
|-------------------|---------------|

I am the owner of the property as listed above, and I agree that **I am ultimately responsible** for sewer service fees and system development charges and agree to comply with **all rules and regulations of the South Suburban Sanitary District**, either now in effect or as amended in the future. If the account goes unpaid the amounts will be certified to the county assessor and added to the ad valorem taxes without notice to me (the property owner). The District will continue to send the billings to the third party until they receive, in writing, a request from me (the property owner) to do otherwise. The account will continue to remain in my name until such time that the property transfers out of my name at the Klamath County Assessor's office.

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 manager and tenant/third party. The relationship between the landlord/property manager and tenant/third party shall be of no consequence to the District.

Upon receiving this signed authorization, the District shall send billing statements to the address as indicated by the authorization form below. The District will not send any duplicate billings.

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

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

\_\_\_\_\_  
Written Name of Tenant/Third Party

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

\_\_\_\_\_  
Date

SSSD Initial \_\_\_\_\_

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

\_\_\_\_\_  
Date