

# Landlord Utility Change Form

City of Mattawa  
P.O. Box 965  
521 E. Government Road  
Mattawa, WA 99349  
(509) 932-4037 Fax (509) 932-4047

Owner's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I \_\_\_\_\_ hereby request that the City of Mattawa sends my monthly utility bill to my tenant at the address listed below. I understand that if my tenant incurs a past due balance the tenant and I will receive a delinquency notice. If the account becomes delinquent or the tenant does not pay a closing bill the billing charges become the responsibility of the property owner for payment and utilities will be shut-off. I further understand that non-payment will result in the account being sent to collection and/or lien against my real property to which utilities have been furnished.

Send monthly utility bill to:

Beginning with the billing month:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

(Property Owner)