



Effective Date: _____

CITY OF MONROE
806 WEST MAIN STREET
MONROE WA 98272
(360) 794-7400 phone / (360) 794-4007 fax

**OWNER PERMISSION TO CHANGE TENANT, AND BILL DIRECTLY, &/OR
AUTHORIZATION FOR NAME CORRECTION**

Account # _____ Service Address _____

Owner Name _____ Owner Phone # _____

Owner's Mailing Address _____ City _____

State _____ Zip _____

Renter's Name _____ Renter's Phone # _____

******Please check applicable box:**

The City of Monroe is hereby authorized to change the name on the utility bill due to the reason listed below, attached you will find the necessary documentation for the change. (Example for change: marriage/divorce, etc)

Reason: _____

Change To: _____

In consideration of the City's efforts in billing my tenant(s) directly, I, _____, as the owner of the property identified above, agree to be responsible for and to pay any and all utility charges from the City of Monroe that remain unpaid by my tenant(s). Furthermore, I expressly authorize and consent the City of Monroe to file and record liens on my aforementioned property as security for the payment of any and all such charges.

Owner or authorized property manager

Date