



Commissioners
Brian Sheldon – Gwen Brake – Glenn Ripley

Authorization for Alternate Billing Address

Account Number: _____

Date: _____

Service Address: _____

Property Owners: _____

Property Managers: _____

I, _____ Property Owner / Property Manager (Please circle one)
of the aforementioned property hereby authorize *North Beach Water District* to mail all statements,
bills, notices and correspondence to the current resident(s).

Current Resident Information

Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Effective: _____

Printed Name of Owner or Property Manager

Signature

Printed Name of Tenant

Signature

Note: It is the sole responsibility of the property owner, or designated property manager to ensure that the billing address and contact information is current. Should the billing address require updating another authorization must be completed. Any future changes to this information can only be made by the property owner, or designated property manager. This form will remain in effect until terminated by the property owner, or designated property manager