

ATTENTION!!!

PROPERTY OWNERS, PROPERTY MANAGEMENT PERSONNEL

Would you prefer that a utility bill be sent directly to the renter at the property address? If so, the property owner or authorized property management company representative can direct the District to do so by completing a **Star Sewer & Water District Utility Billing Directive/Renter's Form**.

- Please complete attached form.
- If submitted by a property management company, a management agreement must be attached with the billing directive if one has not already been provided for the service address.
- There is a \$ 20.00 charge for each billing directive submitted. The fee will be billed on the first bill sent to the tenant.
- If the address changes for the owner or property management company, please notify us in writing as soon as possible.
- Do you authorize us to make payment arrangements with the tenant to extend the due date of their bill? If it is not indicated on the attached billing directive, we will **NOT** make arrangements.
- A new tenant's name will not be added to an account until the current account is paid in full, including the termination billing.
- Notify the Star Sewer & Water District of changes to the account.

THE PROPERTY OWNER IS STILL ULTIMATELY RESPONSIBLE FOR PAYMENT OF THE BILL. MONTHLY BILLS AND DELINQUENCY NOTICES WILL BE SENT TO THE TENANT AND PROPERTY OWNER OR AUTHORIZED PROPERTY MANAGEMENT COMPANY REPRESENTATIVE.

Please send completed form to

Email: mthompson@starswd.com

Fax: 208-286-7361



Phone: 208-286-7388
Fax: 208-208-286-7361
Website: www.starswd.com
Email: mthompson@starswd.com

STAR SEWER & WATER DISTRICT
UTILITY BILLING DIRECTIVE/RENTER'S FORM

ACCOUNT #: _____ EMAIL: _____

RENTER'S MOVE-IN DATE: _____ RENTER'S PH.#: _____

SERVICE ADDRESS: _____ STAR, ID 83669

The undersigned, being the property owner/property manager of the above described property and account, do hereby instruct the Star Sewer & Water District to send the monthly billing statement for water and sewer to above referenced address in care of the following renter name(s): _____.

I understand that billing for services will remain in the above referenced "Property Owner" name and sent in care of the person named herein at my request. I will notify Star Sewer & Water District of vacancy. Owner's Initials _____

I do hereby acknowledge that I have been advised, and I agree, that I will remain responsible for unpaid account balances for water and sewer services. Owner's Initials _____

I acknowledge that I will receive monthly statements for this account. If the account becomes delinquent, I will be sent a copy of each delinquency notice that is sent to the tenant. I further agree that any and all amounts due for water and sewer services shall constitute a lien on the real property which will secure the amounts due. Termination of service to the property will not release any lien for amounts due. Owner's Initials _____

By signing this form, I permit the Star Sewer & Water District to release any information requested about this account to the afore mentioned tenant. The information released may be, but is not limited to; the account balance, payment history, or delinquency status. Owner's Initials _____

THIS REQUEST SHALL REMAIN VALID UNTIL THE PROPERTY OWNER OR AUTHORIZED AGENT NOTIFIES THE STAR SEWER & WATER DISTRICT AND/OR A NEW DIRECTIVE IS PROVIDED AND FILED WITH THE STAR SEWER & WATER DISTRICT. THE NEW TENANT'S NAME WILL NOT BE ADDED UNTIL THE BALANCE PRIOR TO THE DATE THIS FORM IS RECEIVED BY THE DISTRICT OFFICE IS PAID. Owner's Initials _____

DO YOU AUTHORIZE THE STAR SEWER & WATER DISTRICT TO MAKE ARRANGEMENTS WITH THE TENANT TO EXTEND THE DUE DATE OF THEIR PAST DUE BILLS?

D YES D NO

I do hereby certify that I am the owner or the duly authorized agent to make this request for the owner of the subject property receiving the service. By signing below, I further acknowledge that I have read, understand, and agree to the terms and conditions set forth above.

Signed: _____ Dated: _____
D Owner D Property Manager

Printed Name: _____ Phone #: _____

Address: _____ City, State, and Zip: _____