



UTILITY BILLING DEPARTMENT

910 Cleveland Ave

PO Box 809

Mount Vernon, WA 98273

Phone: (360) 336-6218 Fax: (360) 336-0633

www.mountvernonwa.gov

Form may be emailed to mvutilities@mountvernonwa.gov

LANDLORD/TENANT STATEMENT FOR UTILITY ACCOUNTS

****INCOMPLETE & ILLEGIBLE FORMS WILL BE RETURNED****

Account#: _____

I, (owner/agent) _____, hereby certify that I am the owner/agent of the **property located at** _____; I hereby authorize the City of Mount Vernon to bill the tenant of the above named property for all utility services. I further understand that the past due utility bills will be subject to late charges and will become a lien against the above property; therefore, I am ultimately responsible for all utility charges, penalties, and fees on this account. **Account balance must be zero** before any changes will be made. If the property account has outstanding charges from a previous tenant or owner, we will be unable to put tenant's name on this account until previous charges are cleared. By signing below I am also authorizing the tenant to change the garbage cart size as needed to comply with City Solid Waste standards.

PLEASE NOTE: Billing your tenant for the above account is a courtesy provided by the City of Mount Vernon. Thank you.

Owner / Agent Signature: _____ Date: _____

Owner/Agent Printed Name: _____

Owner/Agent Mailing Address: _____

_____ Phone: _____

Email address: _____ Fax: _____

Check this box to discontinue Autopay, if applicable

Tenant Name(s): _____ Phone: _____

Mailing address: _____

Email address: _____ (if available)

Start Date: _____ (Tenant customer #) _____

(City will assign)

PLEASE COMPLETE AND RETURN TO:

City of Mount Vernon, 910 Cleveland Ave, PO Box 809, Mount Vernon, WA 98273

THIS FORM MUST BE SIGNED AND RETURNED TO THE CITY

BEFORE WE CAN BILL YOUR TENANTS AT THE ABOVE SERVICE ADDRESS