

Department of Public Utilities **Statement for Third Party Payments**Cost Participation Program

I am (we are) [all property owners must sign]

Name of Prope	rty Owner(s)	
		,
		,
		.
the record owner(s) of propo	erty located at Property Address or L	ot Number
I (We) hereby authorize the	payment of the following by * Pay	yor:
connection fee(s) of [circle	one] \$3,697 (water), \$3,519 (sev	wer), or \$7,216 (water & sewer) and
the assessment(s) of [circle	e one] \$2,600 (water), \$5,200 (sev	wer), or \$7,800 (water & sewer).
must be paid in full. In the event	rticipate in any payment plan for the ass that payment in full is not made by Payo sessment fees to the City of Chesapeako	or, the record owner remains liable for the
Property Owner Signature	Mailing Address	Telephone Number
Commonwealth of Virginia City of Chesapeake; to-wit:		
,	,	, personally appeared before
	Notary Public, and gave oath/affir	
day of	, 20	
	Notary Public	с
My Commission expires		