



CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

Waiver for Combine Billing Statement

Date _____

Requestor _____ Phone Number _____

Service Address _____

Owner's Mailing Address: _____

Pursuant to PMC 13.10.150 and PMC 13.10.190(1) **I, hereby waive the receipt of the combined billing statement, delinquency, and disconnection notices.** Billing statements will be sent directly to the occupant of the property being served, however, in such cases the owner shall remain ultimately liable for payment of the bill, and the property shall remain subject to a lien for a delinquent account, as provided for in the Prosser Municipal Code.

I hereby acknowledge that I have the right to request written notice of my tenant's delinquency from the city pursuant to the provisions of RCW 35.21.217, and I hereby knowingly and voluntarily waive that right. I understand that I may revoke this waive, at any time, by written notice to the city.

I have read and understand the information provided above.

Signature

Date

NOTE: This form is subject to public disclosure.
This institution is an equal opportunity provider, and employer.