



# THE CORPORATION OF THE CITY OF VERNON

3400 - 30th Street, Vernon, British Columbia V1T 5E6  
City Hall Telephone (250) 545-1361 Fax (250) 545-7876

## TENANT UTILITY BILLING AUTHORIZATION

DATE: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

OWNER: \_\_\_\_\_ ROLL: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ PHONE : \_\_\_\_\_

### PLEASE READ THE FOLLOWING:

1. The Bylaws of the City of Vernon require that all accounts for the above noted services must be rendered to the owner of the property to which those services are provided.
2. Accounts for services will therefore be mailed to the tenant or occupier ONLY if we have received written instructions or an authorization from the registered owner or their agent.
3. Only one invoice will be mailed. If the invoice is mailed to the tenant, the registered owner will not receive a copy. **It is the responsibility of the registered owner to follow up on the account to ensure it is paid.**
4. For residential accounts only, with notification of a change of tenant, sewer rates may be set at a flat rate if the owner provides the City with a tenancy agreement.
5. **If the account is not paid in full as of December 31<sup>st</sup> of each year. The outstanding amount will be transferred to the registered owners property Tax account.**
6. If you wish to have the account directed to the tenant, please complete this authorization form and return it to the City of Vernon Utilities Department.
7. Only upon notification from the property owner or tenant will the City remove the tenant's name from the account.

### ACCOUNT TO BE BILLED TO:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

MAIL TO: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Billing Period:

Please Check the Quarter you would like this change to take effect.

<u>Quarter</u>	<u>Bill mailed out</u>	<u>Bill due this month</u>
<input type="checkbox"/> January-March	April	May
<input type="checkbox"/> April- June	July	August
<input type="checkbox"/> July-September	October	November
<input type="checkbox"/> October-December	January	February

AUTHORIZED BY:

SIGNATURE OF OWNER/AGENT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_