

Account # _____

**ALTERNATE BILLING AGREEMENT
FOR RENTAL/OWNER FINANCED ACCOUNTS**

Account #: _____ Property Description: _____

Property Owner: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

I hereby Authorize Polk County Fresh Water Supply District #2 to send all billings on my account to the person(s) and address below until further written notice:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

I understand that under this agreement that I will be given notice by Polk County Fresh Water Supply District #2 of all delinquencies on the account prior to disconnection of service.

I understand that I am responsible to see that this account balance is kept current. Should this account remain delinquent, sewer service will be subject to termination under the Ordinances of the District, and shall not be reinstated until all debt on the account has been retired.

I understand that I must sign a new Alternate Billing Agreement each time that I want the billing changed. If the person authorized to receive the billing notifies the District, the billing will automatically revert back to me.

Signature of Property Owner: _____

Date: _____