



COMMISSIONERS OF LEONARDTOWN

22670 Washington Street
P. O. Box 1
Leonardtown, Maryland 20650
(301)475-9791 * Fax (301)475-5350

TENANT/OWNER AGREEMENT REQUEST FOR CHANGE IN BILLING

***** THE ORIGINAL SIGNED FORM MUST BE RETURNED TO THE TOWN OFFICE *****

ATTENTION TO: jackie.post@leonardtownmd.gov

Property Address: _____

Account Number: _____

Effective Date of Change: _____

Application is hereby made to have all bills for water, sewer and trash disposal charges, including all notices of any kind relating thereto, for the above property sent to:

TENANT'S NAME: _____
(Please print or type)

MAILING ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE: _____

EMAIL: _____

SIGNATURE/DATE: _____
(Copies of overdue notices will be sent to the Owner)

It is understood and agreed that the mailing of bills pursuant to this request in no way relieves the **Owner** of the premises of equal liability for the payment of all charges and assessments so billed, and further that any bill so mailed shall be considered as notice to the **Owner** as if it were mailed to the **Owner**. Bills shall be rendered in accordance with this request until further notice in writing is given to The Commissioners of Leonardtown. **Owner** understands that requests for changes in billing to persons or entities other than the **Owner** are honored at the discretion of The Commissioners of Leonardtown or their designee. **Quarterly billing is for services already provided. Owner should recognize that tenant could potentially accrue 6 months' worth of service charges before service would be terminated for non-payment. Please call Town Office for payment status before tenant moves.**

OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER: _____

EMAIL: _____

SIGNATURE/DATE: _____

BY SIGNING THIS FORM, YOU ARE VERIFYING THAT YOU HAVE READ AND CLEARLY UNDERSTAND THE RISKS ASSOCIATED WITH THIS AUTHORIZATION.