



DUPLICATE BILLING “RESIDENT”

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| <u>Date:</u> | <u>Account Number:</u> |
| <u>Service Address:</u> | |
| <u>Property Owner's Name:</u> | |
| <u>Property Owner's Mailing Address:</u> | |
| <u>Property Owner's Phone Number:</u> | |

I authorize Cross Valley Water District (CVWD) to send a duplicate bill addressed to **“RESIDENT”** at the serviced property. Both the Owner and the Resident receive a copy of the bill.

There will be a **\$2.00** charge added to each billing for the service.

I understand that duplicate billing will only be removed upon termination of the account or by written request.

I understand that failure to receive a bill does not relieve a customer of the responsibility for payment of charges and penalties per CVWD 9.05.160. I also understand that the property owner is ultimately responsible for the utility charges against the property.

I understand that as the property owner of the above service address it is my responsibility to keep Cross Valley Water District informed of my current billing address and will provide it in writing.

I, the property owner, authorize the “RESIDENT” duplicate billing service.

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| <u>Signature:</u> | <u>Date:</u> |
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