



LANDLORD UTILITY PAYMENT AGREEMENT

Effective Date: _____ Check one: Property Owner ____ Property Manager ____

Name: _____

c/o: _____

(copies of management agreement between owner and property manager required – service address and signature pages only)

Mailing Address: _____

Phone #: _____ Company Tax ID or last 4 digits of SSN#: _____

.....
_____ I understand that there is a \$15.00 set-up fee every time an account is put into my name.
Initials

I agree that water/sewer/stormwater service will remain active and billed to the mailing address above when any tenant's account is closed, and I agree to pay for all water/sewer/stormwater charges until an account is opened in the name of a tenant.

I understand that it is my responsibility to notify the City of Bend to terminate this Landlord Utility Payment Agreement when the property is sold. I also understand that I am responsible for the billing up to such a time that the City of Bend receives proper notification by phone or in writing that the property has been sold or I elect to terminate this agreement. If any tenant becomes delinquent, the account **will not** revert back to the owner's name until the tenant's account is terminated.

I understand that should this agreement be terminated, water/sewer service will be terminated when the tenant's account is discontinued for any reason and that the City of Bend assumes no responsibility for any expenses, costs or damages of any kind arising from the termination of any water/sewer service.

Properties Covered: *(Please list service addresses and/or City of Bend account numbers, please use separate page if needed)*

Owner Signature: _____ Dated: _____

Property Manager Signature (if applicable): _____ Dated: _____

Please return to the City of Bend:

Physical Address:
City of Bend Utility Billing
639 NW Franklin Ave.
Bend, OR 97703

Mailing Address:
City of Bend Utility Billing
PO Box 1024
Bend, OR 97709

For Internal Use Only: Date Completed: _____ Initials: _____
