

**SERVICE AUTHORIZATION AGREEMENT  
INTERIM BILLING BETWEEN TENANTS**

**TO: CITY OF HILLSBORO UTILITIES COMMISSION**

This authorizes service in my name between tenants at the following property address. If I have more than one address I will submit a separate signed agreement for each property address.

Property Address: \_\_\_\_\_

Account number, if known: \_\_\_\_\_

Effective date: Upon tenant cancellation date, if known.

By my signature, I understand that I am responsible for payment of the billings incurred, including account set up fee, at the above address after a tenant moves out, and until a new tenant requests billing in their name. If the service account becomes past due, the City of Hillsboro may revoke this authorization without prior notice and enforce its collection policy. I also understand that in order to cancel this authorization, I must notify the City of Hillsboro in writing. When I notify the City of the sale of the above named property, it will cancel this agreement. I understand water could be turned off for a past due tenant account if tenant moves out without notifying City of Hillsboro. I will not hold the City of Hillsboro responsible for any damage to property due to water left on between tenants.

**I agree to the terms and conditions as stated above.**

Owner (please print): \_\_\_\_\_

If applicable, Property Manager: \_\_\_\_\_

Mailing address for interim billing: \_\_\_\_\_

\_\_\_\_\_

Owners Phone: \_\_\_\_\_ Property Manager's Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party                      Title                      Date

\_\_\_\_\_  
Signature of Responsible Party                      Title                      Date

Please return a signed original or fax to:      City of Hillsboro Utilities Commission  
Civic Center, First Floor  
150 E. Main St.  
Hillsboro OR 97123  
Fax 503-681-6213  
Phone 503-681-6163

Retain a copy for your records.