

Licking County Water and Wastewater Department 4455 Walnut Road, Unit C P.O. Box 845 Buckeye Lake, OH 43008-0845 (740) 928-0302

RENTAL PROPERTY BILLING WAVIER

I,	do hereby grant permission to the
I,(Please print name of owner)	
Licking County Water and Wastewater Department	•
the Renter/Tenant name(s) at(Service addr	
(Service addr	ess)
* I assume full responsibility for assuring the said a delinquent.	account(s) shall remain current and not
* I understand that a duplicate bill will not be maile	ed to the owner.
* I understand any delinquent account(s) may be su duplicate and/or service disconnection due to non	
* To cancel this waiver, a request in writing must b	be received from the owner.
By signing below, I hereby agree to the terms of the	is waiver and alleviate the Licking County
Water and Wastewater Department of all claims ma	ade from the above actions.
(Signature of owner)	(Date)
(Department representative signature of approval)	(Date)