



Drinking Water You Can Trust

Billing Address Change Request Duplicate Bill

Date: _____

Account Number: _____

Service Address: _____

I/We, _____ are the owner(s) of the membership and the property listed above at the "Service Address" and hereby request that a duplicate of all water bills and other correspondences regarding the membership be sent to my current tenant: _____.

The tenants mailing address is: _____.

The tenants telephone number is: _____.

I/We request that Umpqua Basin Water Association Inc., send a duplicate water bill and other correspondence to my/our tenant at the mailing address listed above. I/We further understand that there will be a **five dollar (\$5.00) fee** for each duplicate mailing sent to my/our tenant.

As the Member, I/We understand that I/We will be responsible for unpaid monies should the tenant fail to pay any charges or fees owed. Furthermore, as the Member, I/We understand that if my/our account becomes delinquent, that Umpqua Basin Water Association Inc., will notify me/us by phone and certified mail 72 hours prior to the forfeiture of the Membership and that all monies owed will need paid prior to the expiration of the 72 hour deadline set by Umpqua Basin Water Association Inc. If the account is not paid in full within the 72 hour deadline set by Umpqua Basin Water Association Inc., then Umpqua Basin Water Association Inc., will proceed with the forfeiture of said Membership. I/We also agree to indemnify, hold harmless and to release Umpqua Basin Water Association Inc., from all liability, claims, expenses, or attorney fees arising from issues regarding matters surrounding and or attached to this agreement and I/We also agree to keep our mailing address and phone number current with Umpqua Basin Water Association Inc.

Member's Signature

Member's Signature

Member's Printed Name

Member's Printed Name

Member's Mailing Address

Member's City, State & Zip

Member's Phone Number