



SPOKANE COUNTY

Sewer Billing

1026 W Broadway Ave., 4th Floor

Phone: (509) 477-3604

Fax: (509) 477-7178

e-mail: SewerBilling@spokanecounty.org

Representative Letter of Authorization

Form to be completed by the legal Owner(s):

Sewer Account Number: _____

Property Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Owner's Email: _____

As the Owner, I hereby authorize Spokane County Sewer Billing to release account information to:

Representative Name: _____

Relationship to Owner: _____

Representative Phone Number: _____

Representative Email: _____

- As the Owner, designating a Representative will allow this person to obtain information on the sewer account noted above. Any changes to the account can only be requested by the legal owner.
- The Owner remains responsible for the monthly charges, fees, late payment penalties and interest on the part of the designated Representative. If the charges on the account are not paid timely, a lien will be placed on the property. Liens may lead to foreclosure of the property pursuant to RCW 36.94.150.

Signature below indicates the Owner(s) have read and understand the above.

Owner(s) Signature: _____ Date: _____

**Return this completed form to: Spokane County Sewer Billing
1026 W Broadway Ave., 4th Floor
Spokane, WA 99260**

**Fax: (509) 477-7178
e-mail:
SewerBilling@spokanecounty.org**