Property Owner Directive

City of Sisters
520 E. Cascade
P.O. Box 39
Sisters, OR 97759
Ph (541) 549-6022, Fax (541) 549-0561
www.ci.sisters.or.us

Property Owner_____ Phone #_____

Mailing Address_____ Cell Ph#_____

_____

Authorized Property Management:

Company/Contact Name_____ Phone #_____

Address_____

Tenant Name_____ Phone #_____

Service Address_____ Start Date_____

Authorization

As the property owner or authorized agent of the above service address I give the City of Sisters directive to bill the tenant named above for City utility services as of the above start date.

I agree that City of Sisters' utility services will remain active and billed to my name and mailing address above until the City receives this written request and the tenant has completed and submitted all requirements of the Start Service Application.

I understand the account will revert back to my name whenever any tenant's account is closed, and I agree to pay for all utility charges until an account is opened in the name of a tenant.

I understand, per City Ordinance, as the property owner I am responsible for payment of City utility charges, *notwithstanding the fact that the property may be occupied by a person or parties other than the owner.* I understand that if a tenant fails to satisfy their obligation the delinquent balance will be transferred to my account.

I understand it is my responsibility to keep the City of Sisters informed of any changes to the information provided.

Property Owner Signature_____ Date_____