

# King County Water District 125 Occupant Billing Form

---

Owner's Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ Move In Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

***No new tenant will be added to my account until the previous balance has been paid in full.***

*I authorize King County Water District 125 to add an additional \$1.00 billing fee to my account for an occupant bill to be mailed to the property address as well as my address. I understand that I remain responsible for any unpaid charges on this account.*

---

Owner Signature

Date

Return this form to:

King County Water District 125  
P.O. Box 68147  
Seattle WA 98168206-242-9547  
Fax 206 248-1744  
office@waterdistrict125.com



