

LaVale Sanitary Commission
P.O. Box 3325
1 Roselawn Ave
LaVale, MD 21504-3325
301-729-1638

Date: _____

I _____ hereby request my property located at
(Property Owner's Name-Please Print)

_____ LaVale, MD to have all billing sent to
(Service Address)

the attention of my tenant (listed below).

I, being the owner of the same, knowingly am still responsible for all bills unpaid. At such time that this information should change, I will notify the LaVale Sanitary Commission. I have notified the tenant of this agreement and the property owner's right to monitor payment on this account.

Name: _____
(Property Owner's Signature)

Address: _____

Telephone No: _____

<u>Tenant Name</u>	<u>Phone No.</u>	<u>Date Occupied</u>	<u>Date Moved Out</u>
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Account No: _____