



CITY OF BEAUMONT
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TENANT AUTHORIZATION

SECTION 1 – PURPOSE

The City of Beaumont holds the property owner responsible for bringing to the property basic health related services such as sewer service. Accordingly, it is our normal practice to prepare a bill in the owner's name rather than the tenant for these services. We will, however, send the bill in care of the tenant if agreed to by both property owner and tenant. **The purpose of this form is to document the conditions for tenant billing.**

Date change effective (May not exceed 30 days from the submitted date): _____

SECTION 2 – INFORMATION

Service Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Daytime Telephone Number: (____) _____

Owner's email address: _____

Tenant's Name: _____

Tenant's Mailing Address: _____

Tenant's Daytime Telephone Number: (____) _____

Tenant's email address: _____

SECTION 3 – AUTHORIZATION

As owner of the above service address, I understand that in the event these charges are not paid **I will be held responsible** and those unpaid charges can be placed as a **lien against my property and/or placed on my property tax bill**. Furthermore, I understand that a copy of the bill will be sent to me, **only** if delinquent.

Property Owner's Signature

Date

Tenant's Signature

Date