

Billing Designate Form



Occupancy Date: _____ <small>Application will be deemed incomplete and returned if this section left blank</small>
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Water & Sewage Account Number (to be completed by City Staff) :	
Service Address:	
Billing Designate(s) – is an individual(s) who is the main point of contact for the City:	
Billing Designate- Date of Birth:	Driver's Licence(s):
Mailing address (If different than service address):	
Email address (If you would like to be set up on ebilling):	
Phone:	Cell:

Legal Owner Name(s) – All owners of the property must be listed:		
Owner's Address:		
*To receive copies of your tenant's water bills, please provide an email address:		
Owner's Contact Information	Phone:	Cell:

OWNER SECTION:

I, (We) _____

Please print the name(s) of the owner(s)

of (Please print your address) _____

declare as follows:

1. I (We) are the Owner(s) of the property at the above noted Service Address, or have authorization to act on behalf of the owner(s).
2. I (We) request that the City of Owen Sound address all billings for Water & Sewer services to the Billing Designate noted above.
3. I (We) understand that property owner(s) for a service address remain jointly and severally responsible for the full payment of all water and sewer account arrears and any penalty or collection fees incurred on account of the Billing Designate.
4. I (We) understand that this agreement is non-transferable and must be renewed for any and all ownership and/or Billing Designate changes.
5. I (We) appoint the Billing Designate for the purposes related to the provision of Water & Sewer services including but not limited to granting the City access to the property for purposes relating to the provision of Water & Sewer services.
6. I (We) understand that if a Utility Bill is not paid on time, The City of Owen Sound, reserves the right to transfer the unpaid balance to the service address property tax bill for collection under terms and conditions outlined within corporate policy.

BILLING DESIGNATE:

I (We) _____
 Please print the name(s) of the tenant(s)
 of (please print your address) _____
 declare as follows:

1. I (We) are the Billing Designate(s) of the property at the above noted Service Address.
2. I (We) acknowledge that we are responsible to pay, jointly and severally, all water & sewer bills when they are due for the above noted service address for the period I (we) are noted as Billing Designate(s).
3. I (We) acknowledge that we are responsible to notify the City of Owen Sound of all occupant(s), and/or any Billing Designate changes.
4. I (We) agree to the City of Owen Sound mailing late payment notices, collection notices, or waterbills to the Owner(s) of the property.
5. I (We) agree to give the City of Owen Sound free access to the premises during regular business hours to allow the City to read, repair, remove and replace meters.
6. I (We) acknowledge and agree that this shall be the City of Owen Sound’s full and sufficient authorization to use the information supplied to assist in the collection of overdue accounts. The City of Owen Sound reserves the right to add a service charge (per the City’s Fee & Charges By-law) plus the cost of running a credit report if my (our) account is in arrears.

SIGNATURES:

Owner Name(s) & Signature(s)	Date

Billing Designate(s) & Signature(s)	Date
- All adult occupants (minimum 18 years of age) responsible to pay fees & charges at this service address	

Personal information collected is pursuant to the Municipal Freedom of Information and Protection of Privacy Act, as amended, under the authority of Part XII of the Municipal Act, as amended, and will be used for the purposes of administration of the municipal water and sewer services. Questions about this collection should be directed to the City Clerk’s Division, City of Owen Sound 808 2nd Ave E. Owen Sound, ON. N4K 2H4

**Water bills will be sent to both the tenant and landlord, if the landlord requests that bills be sent to them. The tenant is responsible to pay for the water bill, as described above.*

- Mail Billing Designate Application to: 808 2nd Ave E. Owen Sound, ON. N4K 2H4
- Email scanned Billing Designate Application to: waterbilling@owensound.ca
- Fax: 519-371-0511