

Authorization of Agent to Act on Owner's Behalf

Must be completed by the property owner. A separate form must be complete for each service address.

Please email the completed form and required documents to utbilling@hesperiaca.gov

OWNER INFORMATION:

| Service Address: | |
|---|--|
| Property Owner Name: | |
| Mailing Address: | |
| Phone: Alternate Pl | hone: |
| Email: | |
| State ID/License # [| Date of Birth: |
| Owners of rental properties in the City of Hesperia are required to mainta Chapter 5.72 of the City's Municipal Code. Failure to comply will result License at (760) 947-1311 for more information. | |
| If the owner is submitting this form to remove a previously authorized of the form: | I company/agent, check this box and sign the bottom |
| AGENT INFORMATION: | |
| Company/Agent Name: | |
| Company/Agent Address: | |
| Phone Number: Email Address | 3: |
| As the property owner of the service address referenced o management company or agent permission to act on my bel service address listed above. I acknowledge that I am result District's policies as posted on the City's website www.cityof Public Utilities of the Hesperia Municipal Code. As the owner am jointly and severally liable for any and all charges that not tenancy, as outlined in Chapter 14.02 of the Hesperia Municipal until a new form is submitted and accepted by the Cipacknowledge my responsibilities as the property owner by significant company. | half regarding water and sewer services at the sponsible for reading and understanding the fhesperia.us/WaterBilling, as well as Title 14 – er of this property, I further acknowledge that I may be imposed on the property regardless of sipal Code. I understand that this form remains ity of Hesperia. I have read, understand, and |
| Property Owner Signature: | Date: |
| For Water District Use Only: Authorization Verified By | Date Version 1.1 |