

FINANCE DEPARTMENT



CITY OF MOSCOW TENANT UTILITY BILLING DIRECTIVE FOR USE OF CITY UTILITY SERVICES

Property Owner(s) Information:

Name(s): _____

Service Address: _____

Mailing Address (if different than above): _____

E-Mail Address: _____

Phone Number: _____

Property Owner's Utility Billing Account #: _____

Tenant Information:

Name(s): _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Move in Date: _____

Lease Start Date: _____ Lease End Date: _____

Garbage Roll Off Cart Size 35 Gallon 65 Gallon 95 Gallon N/A

Recycling Roll Off Cart Size 65 Gallon 95 Gallon N/A

The undersigned, being the property owner of the above described property and account, does hereby instruct the City of Moscow (CITY) to send the monthly billing statement for city utility services, which includes, but is not limited to, water, sewer, sanitation, stormwater, and streetlights, to the above referenced address in care of the tenant and relinquishes my/our authority to terminate services to the property while occupied by tenant.

I/we understand that billing for services will remain in the above referenced **"Property Owner"** name and sent in care of the person named herein at my/our request. I/we will notify CITY of vacancy for a final read. I/we further agree that subsequent tenants shall be authorized to receive billings on the account only after Property Owner submits a new Directive Billing Application.

I/we acknowledge that I/we will not receive monthly statements for this account. If the account becomes delinquent I/we will receive a copy of each delinquency notice that is sent to the tenant.

THIS REQUEST SHALL REMAIN VALID UNTIL THE PROPERTY OWNER NOTIFIES THE CITY OF MOSCOW AND/OR A NEW DIRECTIVE IS FILLED OUT AND FILED WITH THE CITY AT 206 E. THIRD STREET, MOSCOW, IDAHO 83843.

A NEW TENANT'S NAME WILL NOT BE ADDED UNTIL THE CURRENT ACCOUNT IS PAID IN FULL. SERVICES MAY BE DISCONTINUED FOR NON-PAYMENT AND WILL NOT BE REACTIVATED UNTIL THE UNPAID BALANCE IS PAID IN FULL.

I certify under penalty of perjury pursuant to the law of the State of Idaho, that the foregoing is true and correct and that I am the property owner and/or have the authority to bind Property Owner to this Directive.

Signed: _____ Dated: _____
Property Owner / Property Manager

Printed Name: _____ Phone #: _____

Address: _____

City, State, and Zip: _____

I, Tenant, authorize the City of Moscow to directly bill me for services at the property address noted above.
I, Tenant, acknowledge that nothing herein shall affect any separate rental agreement with Property Owner.

I certify under penalty of perjury pursuant to the law of the State of Idaho, that the foregoing is true and correct and that I am Tenant(s) in this Billing Directive.

Signed: _____ Dated: _____
Tenant

I would like to receive my bills electronically: Yes No

Printed Name: _____ Phone #: _____

Address: _____

City, State, and Zip: _____

Submit completed forms via:

- email to: utilitybilling@ci.moscow.id.us,
- mail to: Moscow Finance Department | PO Box 9203 | Moscow, ID 83843
- deliver in person to: City Hall – Finance Department | 206 E Third Street | Moscow, ID