



**COUNTY OF LAKE**  
**SPECIAL DISTRICTS ADMINISTRATION**  
 230 N Main Street  
 Lakeport, California 95453  
 Telephone 707-263-0119  
 Fax 707-263-3836

Jan Coppinger  
 Administrator

**SEWER UTILITY ACCOUNT – NO WATER SERVICE (FORM 7)**

**Date:** \_\_\_\_\_ **Owners Telephone No:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owners Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Special districts account No:** \_\_\_\_\_

**Site service address:** \_\_\_\_\_

In response to the request to change the sewer-billing name for the above referenced account:

**As legal owner of record the account remains in your name.** Upon receipt of your signed authorization, we will mail a copy of the bi-monthly sewer bill to someone else. **However, as the legal owner of record you are ultimately responsible** for any delinquent amounts and late fees that accrue as a result of non-payment.

To change the billing address, please complete & sign the authorization below and forward the **entire form** by fax to 707-263-3836 or by mail to this office.

If you have questions, please do not hesitate to call (707) 263-0119.

Sincerely,

Special Districts Administration/Sewer Billing Department

**I authorize LCSD to mail a copy of the sewer utility bill to:**

**Renter/Business Name # 1** \_\_\_\_\_ **Renter's Phone No:** \_\_\_\_\_

**Renter # 2:** \_\_\_\_\_ **Renter's Phone No:** \_\_\_\_\_

**Where to mail the renter(s) copy of the bill:** \_\_\_\_\_

**When did the renter(s) move in to this property?** \_\_\_\_\_

**Would the owner/Leasing agent like to receive a copy of the bi-monthly bill for their records: Yes or No**

**Leasing Agents acting on behalf of owners please include a copy of the P.M.A. with the completed form**

**Owners Signature or the Authorized Leasing agent's signature:** \_\_\_\_\_