

VILLAGE OF WEST LAFAYETTE
UTILITIES DEPARTMENT
113 EAST RAILROAD STREET
WEST LAFAYETTE, OHIO 43845
740-545-7834

DIRECT BILLING AUTHORIZATION

Account No.: _____

Service Address: _____

By signing below I, _____, being the owner of the above listed property do authorize the Village of West Lafayette Utility Department to sent the utility bill directly to:

_____ the current tenant at _____

and acknowledge that I will only be notified if the above account becomes delinquent to the point of scheduled termination. I also acknowledge that as the Landlord that I am **Liabe** for all Village of West Lafayette utility service charges that are delinquent for this Service Address. I affirm the above information to be true and accurate to the best of my knowledge. I also understand that by giving false information on this form that all utility services to the Service Address will be terminated immediately.

Note: The Direct Billing process is not completed until the consumer (tenant) completes and signs the "**APPLICATION for WATER and/or SANITARY SEWER SERVICE**" form.

Signature

Date