

Consent for Service/Billing Form

Landowner/Landlord

DATE

Washington County Service Authority
25122 Regal Drive
Abingdon, VA 24211

Regarding: _____
Lessee(s) Name

Address: _____

To Whom It May Concern:

_____ has entered into a lease for the real property
Lessee(s) Name

located at _____
Address

and is authorized to obtain services at this address as a tenant of

Enter Landlord/Landowner Name

Landowner/landlord Mailing Address: _____

Telephone Number(s): _____

E-Mail Address: _____

By signing below I acknowledge that I am authorized to consent on behalf of all owners of the above referenced property.

Signed: _____ Date: _____
Landowner/Landlord

Comment: _____

Tenant:

By signing below I acknowledge that WCSA may provide information to the landowner/landlord about my account, including on my billing and delinquencies.

Signed: _____ Date: _____
Tenant

Comment: _____