



REQUEST FOR DUPLICATE SANITARY SEWER BILLING

Service Address: _____
Address City Zip

Property owner of the above address: _____

I/We, _____ (“Tenant”), am/are
tenant(s) at the above service address as of _____ (date).

- Tenant understands it is Boxelder Sanitation District's policy to bill the property owner (landlord) for the sanitary sewer service provided to the property, as sanitary sewer is a property right and is ultimately the landlord's responsibility.
- Tenant is not the owner of the property. Tenant intends to pay for the sanitary sewer services provided during their tenancy.
- To facilitate this, Tenant requests a duplicate of the sanitary sewer bill during tenancy at the above referenced property.
- Tenant is aware that Boxelder is extending this service as a courtesy, and that Boxelder is under no obligation to do so. Boxelder retains the right to terminate such notifications at any time in the future.
- Tenant to give prior notification to Boxelder of the conclusion of their tenancy.

Signature of Tenant

Date

Signature of Tenant

Date

Return completed form to: Boxelder Sanitation District
PO Box 1518
Fort Collins CO 80522

For Boxelder Sanitation District use only:

Date received: _____ Date entered into billing: _____ By: _____