

**City of Redmond**  
**STORMWATER - REQUEST TO CHANGE BILLING ADDRESS FORM**

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parcel Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

I, \_\_\_\_\_, owner of the above mentioned parcel, request that the City of Redmond bill **stormwater**, as of the following (month/year): \_\_\_\_\_, **to the entity designated below:**

**\*\*Please note that stormwater bills will not be sent to tenants.\*\***

- PROPERTY MANAGEMENT COMPANY**
- HOME OWNERS ASSOCIATION** (check the appropriate box)
- BILLING SERVICE**
- OTHER (explain):** \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I understand that the City **will bill the Owner** until the City has received and approved this request. Billing to the new address will begin on the month indicated above, provided that the request is received and approved by the 20<sup>th</sup> of the preceding month.

I do hereby acknowledge that as the property owner, I am responsible for any unpaid **stormwater** charges for the parcel noted above, including all expenses incurred by the City for collection of past due charges. Further, I understand the following billing policies and my responsibilities as owner of the above property.

\* Stormwater accounts are a lien against the property served and failure to pay same will result in a lien against my property as prescribed by the Revised Code of Washington: RCW 35.21.290 and RCW 35.67.200.

\* The owner is responsible to notify the City of Redmond of any changes in billing. Bills will not be prorated between billing entities. A final bill will only be processed when there is a change in parcel ownership.

\* A **new designated entity** will require a new "Stormwater – Request to change billing address" form. If a **designated entity** contacts the city, a change form will be sent to the owner, but the bill will continue to be sent to the current mailing address on the account until the form is received by the City.

**Owner's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit to: Natural Resources – Stormwater Billing, PO Box 97010 MS 2NPW, Redmond, WA 98073-9710**

**Fax: 425-556-2820**