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CITY OF MERIDIAN
UTILITY BILLING DIRECTIVE FORM

TODAY'S DATE: _____ ACCOUNT #: _____

TENANT'S MOVE-IN DATE: _____ TENANT'S PH.#: _____

SERVICE ADDRESS: _____ MERIDIAN, ID 8364____

The Property Owner/Manager of the above described property and account, does hereby instruct the Meridian Utility Billing Services (MUBS) to prepare the monthly billing statement for water, sewer and garbage for the above referenced address in the following tenant name(s):

_____ and **relinquish my/our authority to terminate services to property while occupied by the tenant.**

I DO HEREBY ACKNOWLEDGE THAT I WILL REMAIN RESPONSIBLE FOR UNPAID ACCOUNT BALANCES FOR WATER, SEWER, AND GARBAGE, AS PROVIDED BY MERIDIAN CITY CODE. IF MY TENANT MOVES OUT AND LEAVES A BALANCE OF ANY SIZE I UNDERSTAND THAT AS THE PROPERTY OWNER I WILL BE RESPONSIBLE FOR PAYMENT OF SAID DEBT. *Owner/PM Initials* _____

I will ensure that all balances prior to this tenant's move-in are paid and understand that any unpaid balances can/will result in service disconnection to the above-stated address. I also understand that tenants will be directed to contact their landlord or Property Owner/Management Company should the utilities be terminated due to non-payment of services prior to their move-in date. *Owner/PM Initials* _____

I understand that this utility billing account will remain in the "Property Owner" name and sent to the person named herein at my request. I will notify the City of Meridian Utility Billing Department of vacancy for a final read. *Owner/PM Initials* _____

I acknowledge that I will not receive monthly statements for this account. If the account becomes delinquent I will be sent a **copy** of each delinquency notice that is sent to the tenant. I further agree that any and all amounts due for water, sewer and garbage shall constitute a lien on the real property which will secure the amounts due. Termination of service to the property will not release any lien for amounts due. *Owner/PM Initials* _____

I permit the City of Meridian to release any information requested about this account to the aforementioned tenant during their tenancy. The information released may be, but is not limited to; the account balance, payment history, or delinquency status. *Owner/PM Initials* _____

THIS REQUEST SHALL REMAIN VALID UNTIL THE PROPERTY OWNER OR PROPERTY MANAGER NOTIFIES THE CITY OF MERIDIAN AND/OR A NEW DIRECTIVE IS PROVIDED AND FILED WITH THE CITY OF MERIDIAN MUNICIPAL BILLING SERVICES AT 33 E BROADWAY AVE, MERIDIAN, IDAHO 83642. *Owner/PM Initials* _____

