

INFORMATION AUTHORIZATION FORM

OWNERS INFORMATION

OWNERS NAME: _____

SERVICE ADDRESS: _____

ACCOUNT #: _____

TENANT / PURCHASER INFORMATION (Please circle applicable- tenant or purchaser)

TENANTS NAME: _____

TENANTS ADDRESS (P. O. Box #): _____

TENANTS PHONE #: _____

I/we, as the owners of the above-described real property, hereby authorize the village of Adelphi to release to the above tenant/purchaser(s) information concerning any past due balances and/or any currently due balances which are due to the Village of Adelphi relating to the above service address and to accept payments from such tenant/purchaser(s) toward this account.

I/we also give authorization for the Village of Adelphi to deal directly with the tenant/purchaser concerning adjustments to the sewer bill for water leaks and swimming pool fills.

I/we understand that by signing this authorization, I/we are not being relieved from any responsibility for amounts due on this account or for making prompt payment of all sewer rents, charges and fees connected therewith.

By signing this authorization, I/we further release the Village of Adelphi, its employees and agents, from any and all liability which may otherwise arise by virtue of the release of information regarding this sewer account.

IN WITNESS WHEREOF, the undersigned, intended to be legally bound hereby, has/have hereunto set their hand(s) on this _____ day of _____, 20____.

(day) (month) (year)

The Village of Adelphi offers a service to send a duplicate bill to the Tenant/Purchaser. This service is provided by the Village for a two dollar (\$2.00) monthly service fee.

Place your **initials** here
if you would like the Village to send a duplicate bill to the Tenant/Purchaser.

SIGNED:

Property Owner's Signature

Property Owner's Signature (if more than one owner)

Property Owner's Address

(City, State, Zip Code)

Property Owner's Phone #