



City of Bend Landlord Utility Payment Agreement

Customer Service: (541) 388-5515

CITY OF BEND

Effective Date: _____ Who should have services in their name: Property Owner Property Manager

Name: _____

C/O: _____
(copies of management agreement between owner and property manager required – service address and signature pages only)

Mailing Address: _____

E-Mail Address: _____

Phone #: _____ 4 Digit Pin Number: _____

I understand that there is a \$15.00 set-up fee every time an account is put into my name.
(Initials)

I agree that water/sewer/stormwater service will remain active and billed to the mailing address above when any tenant's account is closed, and I agree to pay for all water/sewer/stormwater charges until an account is opened in the name of a tenant.

I understand that it is my responsibility to notify the City of Bend to terminate this Landlord Utility Payment Agreement when the property is sold. I also understand that I am responsible for the billing up to such a time that the City of Bend receives proper notification by phone or in writing that the property has been sold or I elect to terminate this agreement. If any tenant becomes delinquent, the account **will not** revert back to the owner's name until the tenant's account is terminated.

I understand that, should this agreement be terminated, water/sewer service will be terminated when the tenant's account is discontinued for any reason, and that the City of Bend assumes no responsibility for any expenses, costs, or damages of any kind arising from the termination of any water/sewer service.

Properties Covered: (Please list service addresses and/or City of Bend account numbers. Use separate page if needed.)

Owner Signature: _____ Dated: _____

Prop. Mgr. Signature (if applicable): _____ Dated: _____

Please sign and return to the City of Bend Water Services Billing office:

Email:

UtilitiesOnline@bendoregon.gov

Fax:

(541) 385-6675

For Internal Use Only:

Date Completed: _____

Initials: _____

Physical Address:

City of Bend Water Services
639 NW Franklin Ave Bend,
OR 97703

Mailing Address:

City of Bend Water Services
PO Box 1024
Bend, OR 97709



Language Assistance Services & Accommodation Information for People with Disabilities

You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please contact utilitiesonline@bendoregon.gov or (541) 388-5515. Relay Users Dial 7-1-1.



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Owner Signature: _____ Dated: _____

Prop. Mgr. Signature (if applicable): _____ Dated: _____

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Email:

UtilitiesOnline@bendoregon.gov

Fax:

(541) 385-6675

For Internal Use Only:

Date Completed: _____

Initials: _____

Physical Address:

City of Bend Water Services
639 NW Franklin Ave Bend,
OR 97703

Mailing Address:

City of Bend Water Services
PO Box 1024
Bend, OR 97709



Language Assistance Services & Accommodation Information for People with Disabilities

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City of Bend Landlord Utility Payment Agreement

Customer Service: (541) 388-5515

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Name: _____

C/O: _____
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