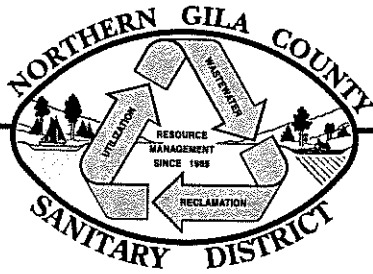


2200 W. Doll Baby Ranch Road
Payson, Arizona 85541



(928) 474-5257
(928) 474-5258 FAX
(602) 256-0047 Phoenix
www.ngcsd.org

Date: _____

Sewer Account Number: _____

Property Address: _____

I, _____, legal owner
of the above referenced property, hereby give the Northern Gila County Sanitary District
permission to bill my Agent,

(Agent Name)

(Contact Phone Number)

at the following address:

(Agent Mailing Address)

I understand that all future correspondence will be sent to my Agent until I notify the Northern Gila County Sanitary District in writing. I understand that it is my responsibility to notify NGCSD of any changes in legal ownership or contact information. I will be liable for all fees & charges in connection with my sewer account.

Signed: _____ Date: _____
Legal Owner

(Legal Owner Mailing Address)

(Legal Owner Phone Number)