



CITY OF ASTORIA  
 Water/Sewer Department  
 1095 Duane Street  
 Astoria, OR 97103  
 (503) 338-5172  
 (503) 338-6630 - Fax  
 www.astoria.or.us

## City of Astoria Property Owner Transfer of Authority

I (We) \_\_\_\_\_, certify that I (we) am/are the legal owner or legally appointed representative of the property located at \_\_\_\_\_ . As such, I (we) are hereby granting authority to \_\_\_\_\_ to be my/our designee to conduct utility business with the City of Astoria on my/our behalf. The representative is authorized to approve renters to open an account, transfer account responsibility, and make payments if necessary on the property listed above.

Further, I (we) understand that all correspondence on the above address, including shut off notices, lien notifications and delinquency notices specified by ORS 91.255(3) will be mailed to my/our representative at the following address: \_\_\_\_\_ .

I (We) also understand that I (we) are still ultimately responsible for all charges incurred on the above named property as outlined in the Water/Sewer Resolution adopted by the City of Astoria. This authority will remain in force until such time as I (we) notify the City of Astoria, in writing, that it is to be revoked.

\_\_\_\_\_  
 Property Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Contact Number

\_\_\_\_\_  
 Designee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Contact Number

Designee E-Mail Address: \_\_\_\_\_