



## LANDLORD AUTHORIZATION

Date: \_\_\_\_\_

I/We, \_\_\_\_\_,

The owner(s) of (Address) \_\_\_\_\_,

hereby request that the water and wastewater billings be mailed Care Of:

(Tenant names(s)) \_\_\_\_\_

Please make this billing change effective (date) \_\_\_\_\_

I/We acknowledge that as the property owner(s), I/we, am/are responsible for these charges should the tenant neglect payment and that after 3 unpaid bills, the total balance will be added to the property tax account.

Owner 1 \_\_\_\_\_

Owner 2 \_\_\_\_\_

Owner phone number: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Tenant phone number: \_\_\_\_\_

Tenant Email: \_\_\_\_\_

Once completed, please return this form to the office at: 7275 Sideroad 16, PO Box 160, Drayton ON  
N0G1P0 OR email [gvanderlaan@mapleton.ca](mailto:gvanderlaan@mapleton.ca)