



Renter / Leaser Request for Duplicate Bill

CUSTOMER NAME: _____

PHONE: _____ EMAIL: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTED DATE: _____

SIGNATURE: _____ DATE: _____

The completion of this form is only for the purpose of requesting a duplicate bill be mailed to the renter/leaser. Per LWSD Regulation NO.3 all contracts for service are with the owners of property (customer) or their legally authorized agents for service.