



City of Helena
Utility Customer Services Division
316 N. Park Avenue, Room 150
Helena, MT 59623
Phone: (406) 447-8450 Fax: (406) 447-8377

THIS FORM CAN ONLY BE COMPLETED BY THE PROPERTY OWNER

PROPERTY MANAGER'S AUTHORIZATION

OWNER'S NAME _____

OWNER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER'S PHONE # _____

PROPERTY MANAGER'S NAME _____

MANAGER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

MANAGER'S PHONE # _____

PROPERTY INFORMATION:

Address	Account Number

Attach additional sheets if necessary. Accounts for property addresses not listed will not be included in this agreement, and all correspondence will continue to be sent to the owner.

You will receive a copy of any delinquency notices but in addition to that, would you like to receive a duplicate copy of each monthly billing statement? ____ YES ____ NO

I hereby give permission for the utility bill at the listed address(es) to be sent to the property manager listed above. He/she is authorized to request address changes, inquire, make payments, complete Renter's Authorization Agreements, etc. on my behalf. I (the owner) am aware that **the owner is still responsible for the bill** per City Ordinance 6-2-3, Rule 14 and will notify the City of Helena Utility Customer Services Division with any change in this agreement. I understand I **will** receive copies of delinquent notices should these accounts become delinquent.

SIGNATURE _____ DATE _____

(This form must be faxed, mailed or hand delivered to the Utility Customer Services Division.)