



# Authorization Form

Sanitation Department  
1240 North Boo Road • Burns Harbor, IN 46304  
P 219-787-1165 • F 219-787-1353

sanitationclerk@burnsharbor-in.gov • www.burnsharbor-in.gov



## Authorization to put Sanitary Payment in Renter's Name

I, \_\_\_\_\_, legal property owner of  
\_\_\_\_\_ (address)

authorize the Burns Harbor Sanitation Department to put the Sanitary Payment book in the name of  
\_\_\_\_\_, renter of said property.

I understand that I will continue to receive late payment and water shut-off notification for said property and that I am ultimately responsible for the payment of the monthly sanitation fee. Billing shall in no way relieve the property owner from the liability in the event payment is not made. The owners of properties served which are occupied by a tenant(s) have the right to examine collection records of the Town for the purpose of determining whether bills have been paid by such tenant(s) at the Sanitation Department office during normal business hours.

In the event the bill becomes sixty (60) days' delinquent, the property may be scheduled for water shut-off unless it is made current.

In the event the bill becomes ninety (90) days' delinquent, a lien may be filed on the property unless it is made current.

I understand it is my responsibility to notify the Sanitation Department when a renter moves and that an Authorization to put Sanitary Payment in Renter's Name Form must be on file to change the name on the bill for a new renter. I also understand that when a renter moves, out billing will default to the property owner.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Property Owner's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Email Address

**THIS BOX FOR OFFICE USE ONLY**

\_\_\_\_\_  
Date of Renter's First Billing

\_\_\_\_\_  
Sanitary Sewer Account No.

\_\_\_\_\_  
Employee Initials