



*City of Tarpon Springs
Utility Billing Division
PO Box 5004
Tarpon Springs, Florida 34688-5004
Phone: (727) 942-5609 Fax: (727) 943-4057
Email: ubcts@ctsfl.us*

**WRITTEN REQUEST TO CHANGE STORMWATER BILLING
FROM OWNER OF PROPERTY TO RENTING TENANT
ACCOUNT**

This is to authorize the City of Tarpon Springs to bill the monthly stormwater fee to the existing renting tenant account located at _____ and with account number _____.

The billing to the tenant will be effective as of the last billing date that the owner received stormwater charges. Any prior balance under owner's account must be paid in full.

Tenant signature

Owner signature

Print tenant name

Print owner name

Date signed

Date signed