

NORTHSHORE UTILITY DISTRICT

DUPLICATE BILLING REQUEST

Owners of a rental property may submit a written request for either a duplicate bill or to grant the tenant/other party online access.

NUD Account #:	Date:
Service / Site Address:	
Please choose one of the follo	owing options:
	ressed to "Resident" to the service address. Both the owner/agentill receive a copy of the bill.
	d for eBilling. No charge applies to send a duplicate bill to have completed electronic billing form on file.
want to designate an Owners Repr party to be the ONLY party receiving account becomes at risk of services	WNER TO BILL NON-OWNER/REPRESENTATIVE" form if you resentative (i.e. management company), OR want the tenant/other ng the bi-monthly billing statement. (Owner will only be notified if the etermination or lien filing.) In all cases, the property owner is ility charges against the property.
OWNER / AGENT INFORMATION	ON
Name/(s):	
Mailing Address:	
Phone Number:	Email:
	quested By" field and checking the owner/agent box below, I am atements are true to the best of my knowledge and belief.
☐ Signed by Owner/Agent	Requested By:
Please contact the Finance Department	artment at (425) 398-4402 or billing@nud.net if you have any

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