

**NORTH SALT SPRING WATERWORKS DISTRICT
PROPERTY MANAGEMENT REQUEST FORM**

DATE: _____

OWNER NAME(S)

Last Name #1 _____

First Name #1 _____

Last Name #2 _____

First Name #2 _____

Water Acct. # 00 _____

Parcel Tax Acct. # 764. _____

PHYSICAL ADDRESS

Street _____

Unit # _____

PROPERTY MANAGEMENT NAME:

Contact Name: _____

Phone # 1 _____

Phone # 2 _____

Email: _____ I would like e-billing _____

Emergency Contact: (In case we cant get a hold of the contact person at the Property Management)

Last Name: _____

First Name: _____

Phone # : _____

Email: _____

Mailing Address:

Street _____

Unit # _____

City _____

Postal Code _____

Country _____

I am authorizing the above Property Management Company to: (Please check all that apply)

Bill my tenants Pay my bills Speak on my behalf Request account info

Owner Signature

Property Management Signature