



DUPLICATE BILLING APPLICATION

Property Address: _____ Move-In Date*: _____

*Utility Bills not prorated for tenants. Partial payments may be made by landlord/tenant if desired. Failure to pay balance by due date may incur a late fee and/or shut off charges if applicable.

Property Owner

Name	Account Number
Mailing Address <input type="checkbox"/> Check if not a Bingen address	Email Address
	Primary Phone
	Secondary Phone
I certify that I am the property owner of record, and I understand that as the property owner I am ultimately responsible for all City of Bingen Utility billing, including any usage, late fees, and shut off fees that may be incurred by tenants. I agree to have the Duplicate Bill Fee of \$1.00 added to my monthly bill.	
Signature	Date

Tenant

Name	Email Address
Mailing Address <input type="checkbox"/> Check if not a Bingen address	Primary Phone
	Secondary Phone
Signature	Date

CITY OF BINGEN USE ONLY

APPROVED: _____

DATE _____