



**CITY OF BEAUMONT**  
 550 E. 6th Street  
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**BeaumontCa.gov**  
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# TENANT AUTHORIZATION

## SECTION 1 – PURPOSE

The City of Beaumont holds the property owner responsible for bringing to the property basic health related services such as sewer service. Accordingly, it is our normal practice to prepare a bill in the owner’s name rather than the tenant for these services. We will, however, send the bill in care of the tenant if agreed to by both property owner and tenant.

The purpose of this form is to document the conditions for tenant billing.

Date change is effective: \_\_\_\_\_

## SECTION 2 – INFORMATION

Service Address: \_\_\_\_\_

**Owner’s Name:** \_\_\_\_\_

**Owner’s Social Security #:** \_\_\_\_\_

**Owner’s Mailing Address:** \_\_\_\_\_

**Owner’s Daytime Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**Owner’s email address:** \_\_\_\_\_

**Tenant’s Name:** \_\_\_\_\_

**Tenant’s Mailing Address:** \_\_\_\_\_

**Tenant’s Daytime Telephone Number:** (\_\_\_\_) \_\_\_\_\_

## SECTION 3 – AUTHORIZATION

As owner of the above service address, I understand that in the event these charges are not paid ***I will be held responsible*** and those unpaid charges can be placed as a **lien against my property and/or placed on my property tax bill**. Furthermore, I understand that a copy of the bill will be sent to me, *only* if delinquent.

\_\_\_\_\_  
Property Owner’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant’s Signature

\_\_\_\_\_  
Date