

**BOARD OF DIRECTORS**

Dennis E. Anderson  
Jerry Gilmore  
Brian Kent Smart  
Ron Sweet  
Nelson Van Gundy

**BLAKE R. TRESAN, P.E.**  
General Manager  
Chief Engineer



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**DESIGNATION OF AUTHORIZED AGENT**

I/We \_\_\_\_\_, property owner(s) of record of County Assessor's Parcel Number \_\_\_\_\_, located at \_\_\_\_\_, hereby request sanitary sewer service from Truckee Sanitary District (District). I/We authorize the following individual to appear on my/our behalf to sign receipts, permit application documents, and to pay fees as my/our agent:

**AGENT:**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ **Contractor**

\_\_\_\_\_ **Property Mgr.**

\_\_\_\_\_ **Other (specify):**

Phone \_\_\_\_\_

**PROPERTY OWNER:**

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I/We agree to be bound by the rates, rules, and regulations of the District including the Ordinance regulating the use of the District facilities and adopting the rates and charges for such use. **I/We understand that I/we, as owner(s) of record of the above-referenced property, remain ultimately responsible for payment of any District charges due on this property along with any penalty or interest charges for non-payment.** I/We understand that the policy of the District is to send delinquent charges on June 30<sup>th</sup> of each year, to the county in which the property lies for collection, so that these charges will appear on the property tax bill as delinquent Truckee Sanitary District sewer charges.

I/We certify under penalty of perjury that I/we am/are the owner(s) of record of the above referenced property and am/are authorized to request and apply for sanitary sewer service. I/We understand that any falsification in this designation will be grounds for discontinuance of service. I/We understand that it is the responsibility of the above named agent to provide the property owner with copies of all receipts and permit application documents signed on my/our behalf. This designation will expire when authorized by me/us in writing. A photo copy or facsimile of this document shall be as good as the original.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date