

Owner Liability Form

Account # _____ Renters' Starting Date: _____

Section 6-1206(C) - (G) OWNER-OCCUPANT LIABILITY

- (C) The owner(s) of any tenant occupied premises served by the Village of Swansea Sewer System, and the occupant(s) or any other user thereof, shall be jointly and severally liable for paying for all sanitary sewer services provided to said premises whether utilized by the owner, or another occupant, tenant or user thereof.
- (D) Bills for services referred to in Section 6-1206(C) shall be mailed to the owner(s), or the management company of record, at an address provided by said owner(s), and shall include all current and past due charges for the premises in question, regardless of whether services were utilized by the owner or any occupant, tenant or other user thereof.
- (E) The owner(s) of any tenant occupied single-family or two-family premises served by the Village of Swansea Sewer System, may request that sanitary sewer bills for such premises be mailed directly to the service address, to be paid by the occupant(s) thereof, provided that said owner(s) have completed an Owner Liability Form and placed it on file with the Sewer Billing Department.
- (F) Said Owner Liability Form shall require the owner(s) to clearly acknowledge that they remain legally liable for payment for all sanitary sewer services provided to said premises, as well as any late fees, penalties, disconnection fees and collection or legal costs incurred by the Village of Swansea should the owner's tenant fail to pay said bill.
- (G) Information on said Owner Liability Form shall be updated by the owner(s) of the premises with each change in tenant, and kept current including a current mailing address and phone number for the owner(s) at all times.

I _____, owner of property at _____,

City _____, State _____, Zip _____

as fully read the above Ordinance Section 6-1206(C) – (G) & agrees to the terms.

Owner

/

Management

Current

Address: _____

/

/

PhoneNumbers: _____

/

/

Owner Signature

Management Signature

Tenant's Name: _____

Phone Numbers: Wk: _____ Hm: _____

Please return completed form to the:

Swansea Sewer Billing Department
1444 Boul Ave, Swansea IL 62226
Phone: 618-234-0044, ext. #1, Fax: 618-234-0222
swansew@swanseail.org