

Somerset County Sanitary District, Inc.
11916 Somerset Ave. Room 216
PO Box 326
Princess Anne, MD 21853
Phone: 410-651-3831
Fax: 410-651-5420

Water and Sewer Agreement for Alternate Address

Account Number: _____
(SCSD fill out)

I, _____ hereby give permission for the water and sewer
(Owner of Property)

bill on _____ to be sent to:
(Address of Property)

Property Owners Name: _____

Tenants Name: c/o _____

Address: _____

City, State, Zip: _____

*This is how the address will appear on the bill.

I understand that if my tenants fail to pay this bill, I will be responsible for it.

(Signature of Owner)

(Date)