

Somerset County Sanitary District  
11916 Somerset Ave., Suite 216, Box 1  
Princess Anne, MD 21853  
410-651-3831  
Fax: 410-651-5420

## Property Manager Agreement

Date: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Property Manager: \_\_\_\_\_

I hereby give permission for my Property Manager to make changes, request interim readings and/or have the water turned on or off at my property. I understand that as the owner of the property, I will be responsible for any charges that may incur from the actions of the Property Manager. I understand that the Property Manager will remain on my account until written notice is submitted to the Sanitary District Business Office.

Property Owner Signature: \_\_\_\_\_  
LLC's and Corporations: \_\_\_\_\_  
Property Owner Printed Name: \_\_\_\_\_  
Property Owner Phone Number: \_\_\_\_\_