

2924 SE Lund Avenue, Port Orchard, WA 98366 Phone: (360) 876-2545 • Fax (360) 874-5030

Email: customerservice@wsud.us

OWNER / AGENT AUTHORIZATION

The undersigned is (are) the caccount number(s):	owner(s) of record	of the property identified by the Kits	sap County Assessor's
	r) agent to proceed	ersigned property owner(s) hereby gi	
This agreement authorizes the of, 20	-	act on the owner's behalf for application	ions through the date
-		state sales, I will request utility servic ve real estate companies acting on be	
Owner of Record Signature	Date	Owner of Record Signature	Date
Printed Name		Printed Name	
STATE OF WASHINGTON)) SS.		
On this day of in and for the State of Washington	on, duly commission	,, before me, the undersined and sworn, personally appeared:	gned, a Notary Public
that he/she/they signed and sealed	ed the said instrumen	who executed the foregoing instrument, a nt, as is his/her/their free and voluntary a tated that he/she/they was (were) authori	ct and deed for the
WITNESS MY HAND AN OFF	TCIAL SEAL, heret	to affixed the day and year in this certific	cate above written.
		Notary Public in and for	
		g at:	
	My Appo	ointment Expires:	