



CHANGE OF BILLING LIABILITY NOTIFICATION

Effective Date: _____
Permit #: _____
Permit Name: _____

By signing below, I accept full responsibility for payment of all past, present and future charges and fees associated with the above permit.

Your Name (Please Print): _____
Company Name: _____
Billing Address: _____
City, State, Zip: _____
Telephone #: _____
Notarized Signature: (sign in the presence of notary): _____

For an acknowledgement in an individual capacity:

State of _____
County of _____

I certify that I know or have satisfactory evidence that

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: _____

(Signature)

(Title)

(Date my appointment expires)

For an acknowledgement in a representative capacity:

State of _____
County of _____

I certify that I know or have satisfactory evidence that

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument on oath stated that (he/she) was authorized to execute the instrument and acknowledge it as the

_____ of,
(type of authority, e.g. officer, trustee, etc.)

(name of party on behalf of whom instrument was executed)

to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____

(Signature)

(Title)

(Date my appointment expires)