

WILMINGTON UTILITY BILLING DEPARTMENT

69 N South Street Wilmington OH 45177

(PH) 937-382-5711 / (FAX) 937-383-5870

www.ci.wilmington.oh.us

email: utilitybilling@ci.wilmington.oh.us

PROPERTY MANAGER CONSENT FORM

I, _____, hereby declare that I own the property
(please print)

known as _____,
(address)

Wilmington, Ohio, and that I have appointed _____
(name)

of _____ to manage this said
(company)

property. I have read the Utility Billing Department's application for service, for which I

hereby give the appointed property manager consent to sign on my behalf.

Further, I understand that it is my responsibility to notify the Wilmington Utility Billing
Office, in writing, to cancel this consent.

Signature of Owner

Sworn to me this _____ day of _____, 20____

Notary Public _____

My Commission Expires on _____, 20____