

**WILMINGTON UTILITY BILLING DEPARTMENT**

69 N South Street Wilmington OH 45177

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

wilmingtonoh.org

email: wateroffice@wilmingtonoh.org

**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\_\_\_\_