#### Charles County Government • Fiscal & Administrative Services

## **Property Management Form**

Date
------



# Water/Sewer Billing Office

Monday-Friday 8:00 a.m.- 4:30 p.m.

301-645-0624 • 301-870-2542 Fax: 301-885-1313 E-mail: wsbilling@charlescountymd.gov

#### **Mailing Address**

Charles County Government, Water/Sewer Billing P.O. Box 1630 La Plata, MD 20646

#### **Payment Centers**

Government Satellite Center 3670 Leonardtown Rd, Waldorf

#### **Treasurer's Office**

Government Building 200 Baltimore St, La Plata

Night deposit boxes are available at each location.

#### Payment by Web

www.charlescountymd.gov/pay

### Payment by Phone

1-866-477-8742

There is a handling fee if paying by phone or web.

Visit us online at www.charlescountymd.gov

Maryland Relay Service: 711 TDD: 1-800-735-2258

Owner Name					
Address					
E-Mail	Pho	one #			
Account #					
Property Information					
Address					
Property Management Information					
Name		E	ff. Date		
Address					
E-Mail	Pho	one #			

As **OWNER** of the above referenced property, I authorize the Department of Fiscal & Administrative Services to mail all correspondence pertaining to the above-mentioned property to the property management company. I realize that as Owner of this property I am responsible for any bill incurred by this property and must pay such if the property management should default.

I understand that the property management will be notified in the event that the tenant does not pay an invoice within thirty days. I also understand that a lien may be placed on this property in the event that an invoice remains delinquent for 40 days and that the property management will receive notice of such lien after it has been properly recorded by the Circuit Court of Charles County. I agree to immediately notify the Charles County Billing Office of any change in status of property.

Signature of Owner	Date
Signature of Property Management	Date

If signed by other than the owner, you must submit a Power of Attorney. (Please sign and return this form to the Billing Office for processing)