

# Town of Indian Head

## Rental Property Dual Billing Form

### Owner Information

Owner Name:

Mailing Address:

City:

State:

ZIP Code:

E-Mail:

Phone #:

Account #:

### Property Information

Address:

Rental License Expiration Date (required):

### Renter Information

Effective Date:

Name of Renter:

Address:

City:

State:

ZIP Code:

E-Mail:

Phone #:

As **OWNER** of the above referenced property, I authorize the Town of Indian Head to mail utility bills to the above-mentioned renter. I realize that as the Owner of this property that I will only receive a bill if the account becomes delinquent and I am responsible for any bill incurred by this property and must pay such if the renter should default. I agree to immediately notify the Town of Indian Head of any change in renter or renter information in writing. I understand that a current Rental License issued by the Town is required to use the Dual Billing Notification.

Signature of Owner:

Date:

Signature of Renter:

Date:

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

**Mailing Address**  
Town of Indian Head  
4195 Indian Head Highway  
Indian Head, MD 20640

Monday-Friday  
8:30 a.m.-4:30 p.m.  
301-743-5511  
Fax: 301-743-9008