



Solid Waste Account # _____

Service Address _____ Effective Date _____

Reason for Change: New Tenant New Property Management Company Other

Owner Authorization for Mailing Address Change to Second Party

Under County ordinance #467, trash service in unincorporated Ada County is mandatory. The mailing address on your trash account will match the owner's address on record with the Ada County Assessor's Office unless written authorization is given by the property owner for billing to a third party.

If you wish to change the information currently listed on your account to a tenant, property manager or other agent, please complete and return this form.

Property Owner Name _____ Phone* _____

Mailing Address _____ Email _____

I authorize a change of billing name and/or address for my solid waste account at the above service address. I understand any unpaid fees will be certified to my real property taxes for the year within which they accrued, along with a \$125.00 fee, pursuant to Idaho Code §31-4404, §63-902(10), §31-870(1) and §319870(2).

I also understand it is my responsibility to notify Ada County Billing Services of any future change in the mailing address. Refunds to the tenant are the responsibility of the property owner.

Property Manager/Agent _____ Phone* _____

Mailing Address _____ Email _____

Tenant Name _____ Phone* _____

Mailing Address _____ Email _____

Bill to: Tenant Property Management Company

Comments _____

X _____
Owner's Signature _____ Date _____

***PHONE NUMBERS ARE REQUIRED FOR PROCESSING OF THIS REQUEST.**

Return completed and signed form via Email to acbs@adaweb.net, Fax (208)577-4719; or mail to Ada County Billing Services, P. O Box 2780, Boise ID 83701. If you have questions, call us at (208)577-4710.

Ada County Billing Services

(Billing Services is located in the Ada County Courthouse, 200 W. Front Street, Suite 225, Boise, ID 83702 and provides financial oversight of solid waste service provided by Republic Services in unincorporated Ada County)

For County Use Only
Entered: _____ Imaged: _____
Initial Date Initial Date

Received: (Date/Time Stamp)