



**County of Kauai  
 Department of Public Works  
 Division of Wastewater Management  
 4444 Rice Street, Suite 500  
 Lihue, HI 96766  
 (808) 241-4082**

**REQUEST FOR SEWER SERVICES WITH ALTERNATE BILLING  
 OF SEWER USER CHARGES**

**Part I** (To be completed by Tenant)

Date of Request \_\_\_\_\_

Location Address: \_\_\_\_\_

Water Account No.: \_\_\_\_\_

Commercial

Residential

Type of Business: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Start Date of Billing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I agree to being billed and paying user charges for sewer services of the above mentioned property.

\_\_\_\_\_  
 Applicant's Signature

**Part II** (To be completed by Property Owner)

I, \_\_\_\_\_, owner of Tax Map Key \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, Kauai, Hawaii, hereby request that Sewer User Charges under Sewer Permit No. \_\_\_\_\_, Location ID No. \_\_\_\_\_ be addressed to my tenant named in Part I of this request form. I understand that I am responsible for sewer user charges for the property. I agree to pay the County of Kauai, upon demand, all amounts owed for sewer services that are not paid by my tenant. I am aware that an alternate billing will be considered only if all existing sewer accounts for this property are current. I will notify the County of Kauai, Division of Wastewater Management at (808) 241-4082 in the event there is any change in the billing arrangement requested or change in the tenancy or occupancy of the above mentioned property.

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 Owner's Signature

Phone: \_\_\_\_\_

\_\_\_\_\_  
 Approved (County Engineer or authorized agent)

**OFFICIAL USE**

Sewer Connection Permit No.: \_\_\_\_\_  
 Customer ID No.: \_\_\_\_\_  
 Location ID No.: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 Account Balance: \_\_\_\_\_

Date Checked:	Amount Due:	Action: