



BOROUGH of QUAKERTOWN

LANDLORD DUPLICATE BILL AGREEMENT

Tenant Information

Name:		
Current address:		
City:	State:	ZIP:
Account:		

Landlord Information

Name:		
Current address:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	Work Phone:

Landlord Certification

My signature below verifies that:	
<input type="checkbox"/> I am responsible for any utility charges or fees left unpaid by my tenant listed above.	
<input type="checkbox"/> I understand that the Borough allows accounts to become delinquent 90 days before the termination of services.	
<input type="checkbox"/> It is my responsibility to notify the Borough of Quakertown if I am not receiving a duplicate bill. In absence of a prior complaint of no duplicate billing, I will not be excused from liability if the tenant fails to pay.	
<input type="checkbox"/> It is my responsibility to ensure that I notify the Borough of Quakertown within 7 days of when my tenant moves from my residence. Any balance remaining will be my responsibility.	
Signature of Landlord:	Date:

Utility Billing Verification

To be Completed by the Borough of Quakertown

<input type="checkbox"/> Fee Due \$15.00 per year per account	<input type="checkbox"/> Date Posted in Casselle:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Authorization:	Date: