



DEPARTMENT OF ENVIRONMENTAL SERVICES
 Customer Service Office
 2020 14th Street N, Suite 500, Arlington, VA 22201
 TEL 703-228-5000 FAX 703-228-3478 www.arlingtonva.us

NON-OWNER AUTHORIZATION FORM

Purpose: This form must be completed in full by the authorized occupant and signed by the legally recorded property owner, in order to establish service in the name of the non-owner. Service will continue, until it is cancelled by the responsible party.

Instructions: Please return the completed form to: non-ownerforms@arlingtonva.us or fax it to 703-228-7893. After the authorized occupant and the owner complete and submit this form, the non-owner applicant must then call us, at 703.228.5000, to establish service. Our normal business hours are Monday-Friday 7:00 am-7:00 pm.

OCCUPANT INFORMATION

Service Address: _____ _____ _____ Occupant's Mailing Address: <i>(if different from the above)</i> _____ _____ _____ Occupant's Name: (Printed) _____ _____	Service Start Date: _____ Occupant's Phone: _____ Occupant's Email Address: _____
Occupant's Signature: _____ Today's Date: _____	

PROPERTY OWNER INFORMATION

Owner's Name: (Printed) Owners Mailing Address: <i>(different from the service address)</i> 	Owner Phone: _____ Owner's Email Address: _____
Owner's Signature: _____ By signing my name, I affirm that the Occupant named above has been duly authorized by me to obtain service from Arlington County for the above-referenced service address. I understand that I am responsible for unpaid balances for this account, after Arlington County has made a reasonable effort to collect it from the Occupant. If signing as an agent, he/she is authorized to endorse this document, on behalf of the Owner. Today's Date: _____	