

**PIERCE COUNTY  
DEPARTMENT OF PUBLIC WORKS AND UTILITIES  
SEWER UTILITY DIVISION**

**TIME AND MATERIALS ACCOUNT  
CHANGE OF INFORMATION FORM**

Customer # _____
Date _____
Staff Initials _____
FOR COUNTY USE ONLY

The County has been notified that the project mentioned below has changed ownership. Before we can release the former owner(s) from their responsibility for payment of time and materials charges, **this form must be completed, signed by the new owner(s)**, notarized, and submitted to our office. All unpaid balances and all future billings will be sent to the new billing address designated below (Section D or E).

**A. PROJECT INFORMATION**

Project Name: \_\_\_\_\_  
Pierce County Sewer Permit/Application Number(s): \_\_\_\_\_  
Pierce County Parcel Number(s): \_\_\_\_\_

**B. REQUEST FOR OVERTIME REVIEW**

Would you like this project to be reviewed on overtime? Please check one: YES  NO

Please note that requests for overtime reviews of projects typically expedite the plan review process, but do not ensure it. Overtime reviews are billed at higher rates, which are typically one and a half times the normal hourly rate. Overtime work is not mandatory for employees.

**C. ACKNOWLEDGEMENT OF RESPONSIBILITY**

I(we) hereby certify that **I(we) am(are) the owner(s) of the subject parcel(s) listed above, who shall be responsible for payment** of all time and materials costs incurred by the County for services provided relative to the project listed in Section A above in accordance with the Pierce County Sanitary Sewer Administrative Code Section 13.04.090 as amended from time to time; **and I(we) acknowledge that failure to make payment within 30 days following the billing by the County will result in the County filing a lien against the subject real property parcel(s) for the unpaid balance.**

Signature X \_\_\_\_\_  
INDIVIDUAL OR AUTHORIZED COMPANY REPRESENTATIVE DATE

Name of Signatory Above (Printed) \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

**D. PROPERTY OWNER INFORMATION**

Owner's Billing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Owner's Street Address: \_\_\_\_\_  
(IF DIFFERENT THAN OWNER'S BILLING ADDRESS) STREET CITY STATE ZIP

Owner's Billing Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

