



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

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

\_\_\_\_\_

Water Account number: \_\_\_\_\_

I, \_\_\_\_\_ give permission to the Town of Blades to mail the  
monthly water bill directly to my tenant \_\_\_\_\_ (name) at the  
following address \_\_\_\_\_

\_\_\_\_\_

I understand as the owner I am ultimately responsible for any balance due on the account should  
the tenant move without satisfying the bill.

\_\_\_\_\_

Owner Signature