



**LIMITED POWER OF ATTORNEY
TENANT BILLINGS
CLARK REGIONAL WASTEWATER DISTRICT**

The undersigned, as principal, domiciled and residing in the State of Washington, designate and appoint _____ of _____ as my attorney-in-fact for the following limited purpose:

1. Powers. The specified person acting as my attorney-in-fact shall have the authority to act for and on behalf of the undersigned with regard to execution of the "Single Family Residential Request by Owner to Mail Billing to Tenant" form of Clark Regional Wastewater District, attached as **Exhibit A** and incorporated by this reference.

2. Authority. All acts done by the specified person acting as my attorney-in-fact during any period of the undersigned's disability, incapacity, or uncertainty as to whether the undersigned is dead or alive shall have the same effect and inure to the undersigned's benefit and bind the undersigned and the undersigned's guardians, heirs, beneficiaries, and personal representatives as if the undersigned were alive, competent, and not disabled. This power of attorney shall not be affected by the disability of the undersigned and shall be durable and coupled with an interest.

3. Effectiveness and Revocation. The powers granted to my attorney-in-fact shall become effective immediately upon my execution hereof and may be revoked, suspended, or terminated in writing by me with written notice to the designated attorney-in-fact. The undersigned's death shall be deemed to revoke this power of attorney at the time my attorney-in-fact receives actual knowledge or actual notice of such death. My disability or incompetence shall not be deemed to revoke this power of attorney.

DATED: this ___ day of _____, 201_.

STATE OF _____)
) ss.
COUNTY OF _____)

This is to certify that on this ___ day of _____, 201_ before me, the undersigned Notary Public, personally appeared _____, to me known to be the individual(s) described in and who executed the foregoing Limited Power of Attorney, and acknowledged to me that said individual(s) signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

NAME: _____
 (Print Name)

Notary Public in and for the State of Washington.

Commission Expires: _____