

I further understand that I will be held responsible for any charges inc above referenced property.	, , , , , , , , , , , , , , , , , , , ,
Tenant Signature	Date
Tenant Signature	Date
Please return this completed form to Donnelly City Hall P.O. Box 725 Donnelly, ID 83615 or return to City Hall in person.  YOU CAN PAY YOUR BILLS ONLINE! Visit www.cityofdonnelly.org	
Please reference this number when submitting payment.	, , ,
NOTES	

**TENANT**