Tenant Utility Services Request

Account No. _____ Date _____

Name _____ Phone _____

Service Address _____, Moses Lake, WA 98837

Mailing Address _____ City, State _____ Zip _____

ID Type: _____ ID#_____ Expiration Date: _____ Issued by: _____

I do hereby declare that I am a tenant and therefore a resident at the previously stated property and will be responsible for the payment of the Utility Services during my tenancy.
***Tenant's Initials*_____**

I acknowledge that, during my tenancy, I will receive a monthly statement from the City of Moses Lake with a balance due each month. I agree that I will submit payment for that balance promptly on time each month.
***Tenant's Initials*_____**

I acknowledge that the Utility Department may release any information requested about this account to my landlord or property manager. The information released may be, but is not limited to; the account balance, payment history, or delinquency status. I also acknowledge that my Property Owner or Property Manager is entitled to receive, upon their request, duplicate copies of my monthly statement.
***Tenant's Initials*____**

Signed_____ Dated_____

This ***Tenant Utility Service Request form must be notarized if it is not filed in person with the City of Moses Lake Utility Dept. at 401 S. Balsam St., Moses Lake, WA 98837. Original document is required. Utility Services will **not** be put in the name of the new tenant until **both** this document and completed ***Utility Billing Waiver*** form are received by the Utility Department.***

STATE OF)
)ss:
County of)

I HEREBY CERTIFY that on this _____day of _____,20_____, before me, the undersigned, a Notary Public in and for the said State of_____, personally appeared , known or proven to me to be the person(s) who executed the foregoing instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHERE OF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

Notary Public for _____

Residing at_____

My Commission Expires:_____

----------NOTARY USE ONLY----------

ID Type:_____ID#_____State_____