



## Garbage Services Waiver

Account No. \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_ Moses Lake, WA 98837

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

The Property Owner or Property Manager of the above described property and account, does hereby instruct the City of Moses Lake and Lakeside Disposal to deliver requested garbage receptacles to the above mentioned property.

**Owner/PM Initials** \_\_\_\_\_

I do hereby acknowledge that the Property Owner will remain responsible for any unpaid account balances for Garbage Services provided by the City of Moses Lake and Lakeside Disposal (Municipal Code 13.12.060).

**Owner/PM Initials** \_\_\_\_\_

I acknowledge that any and all amounts due for Garbage Services shall constitute a lien on the real property which will secure the amounts due. Cancellation of Garbage Services to the property will not release any lien for amounts due (Municipal Code 13.12.060, 8.08.133).

**Owner/PM Initials** \_\_\_\_\_

I acknowledge that the request will *not* be expedited until the Utility Department receives a **Garbage Services Waiver** completed by the Property Owner or Management Company.

**Owner/PM Initials** \_\_\_\_\_

I acknowledge that I relinquish my or our authority to terminate Garbage Services to the property while occupied by the tenant or contractor. I recognize that I may not be notified in the event of non-payment, and that the tenant or contractor may discontinue Garbage Services to the property at any time during their occupancy.

**Owner/PM Initials** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to have a duplicate copy of the Garbage Services billing statement for this property sent to me at the above address:

\*\*\*This **Garbage Services Waiver** form must be notarized if it is not filed in person with the City of Moses Lake Utility Department at 401 S. Balsam St., Moses Lake, WA 98837. Original documents are required. Garbage Services request will not be expedited for the occupant until this signed document is 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 \_\_\_\_\_

-----OFFICE USE ONLY-----

Received Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_