



# Tenant Utility Services Request

[www.cityofml.com](http://www.cityofml.com) - PO BOX 1579 Moses Lake, WA. 98837 - P (509)764-3719 – F (509)764-3738

Account No. \_\_\_\_\_ Effective 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 the 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 status.

**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 Department, 401 S Balsam St. Moses Lake, WA. 98837. Utility Services will not be put in my name until this document is received by the Utility Department.\*\*\*

[SEAL]

Subscribed and sworn to before me on this date:	My Commission expires:
Notary Public Signature:	Residing at:

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