



Garbage Services Waiver

www.cityofml.com - PO BOX 1579 Moses Lake, WA. 98837 - P (509)764-3719 – F (509)764-3738 – ub@cityofml.com

Account No. _____ Effective Date: _____

Service Address: _____ Moses Lake, WA. 98837

Tenant's 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 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 or include a copy of a Government Issued ID if it is not filed in person with the City of Moses Lake Utility Department at 401 S Balsam St., Moses Lake, WA. 98837. Garbage Services request will not be completed for the occupant until this signed 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: _____