



Tenant Utility Services Request

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: _____

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 or include a copy of a Government Issued ID 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: _____