



Utility Billing Property Management Authorization
Cityofml.com – PO BOX 1579 Moses Lake – P 509-764-3701 – F 509764-3738 – ub@cityofml.com

Account #: _____ Effective Date: _____

Property Manager or Company: _____

Phone #: _____ Email: _____

Authorized Agent: _____ Phone: _____

Manager/Agent's Mailing Address: _____

Service Address: _____ Moses Lake, WA 98837

I do hereby declare that I am the Property Owner of the above stated property.

Property Owner Initials _____

I acknowledge that the above referenced property manager or management company will be able to transact on my behalf for the above referenced account/service address, including but not limited to signing tenants in and out of the account, making service request changes, and termination of services.

Property Owner Initials _____

I do hereby acknowledge that I, or we, will remain responsible for unpaid account balances for utility services as provided by Municipal Code 13.12.060 if my tenant moves out and leaves a balance of any size. I understand that all amounts due for utility services shall constitute a lien on the real property which will secure the amount due.

Discontinuation of services to the property will not release any lien (Municipal Code 13.12.060, 8.08.133)

Property Owner Initials _____

Property Owner Name(s): _____ Phone#: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

*** This 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. Authority to transact on the account will not be transitioned to the property manager or management company until this completed form -or- a copy of the contract between the management company and the property owner has been received.***

STATE OF WASHINGTON }
COUNTY OF GRANT } ss.

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that she/he signed this instrument, on oath stated that she/he was authorized to execute the instrument and acknowledged it to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

DATED: _____, 202____.

Given under my hand and official seal this ____ day of _____, 202____.

Notary Type or Print Name
NOTARY PUBLIC for State of Washington,
Residing at: _____
My commission expires: _____

FOR INTERNAL USE ONLY

Rcvd By: _____ Time: _____ Date: _____