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Tenant Utility Services Request

Cityofml.com – PO BOX 1579 Moses Lake – P 509-764-3701 – F 509-764-3738 – ub@cityofml.com

Account #: _____ Effective Date: _____

Name(s): _____ Phone#: _____

Email: _____

Service Address: _____ Moses Lake, WA 98837

Mailing Address: _____

City: _____ State: _____ Zip: _____

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 Property Owner 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 your name until this document is properly executed and received by the Utility Department ***

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

Property # _____ Service Order# _____ Work Order# _____ Read: _____

Rcvd By: _____ Time: _____ Date: _____