



## Request to Discontinue Services

[Cityofml.com](http://Cityofml.com) – PO BOX 1579 Moses Lake – P 509-764-3701 – F 509-764-3738 – [ub@cityofml.com](mailto:ub@cityofml.com)

Please notify us of your scheduled move out date as soon as possible. Your final bill will be impacted if you wait until you have already moved to inform us.

Account #: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_

Service Address: \_\_\_\_\_ Moses Lake, WA 98837

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing/Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

\*\*\*This Request to Discontinue Utility Services 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.\*\*\*

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: \_\_\_\_\_