



Utility Billing Waiver

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

Effective Date: _____

Service Address: _____ Moses Lake, WA 98837

Tenant Name(s): _____ Phone#: _____

The Property Owner or Property Manager of the above described property, does hereby instruct the City of Moses Lake to prepare the monthly billing statement for Utility Services for the above referenced address in the tenant's name.

Owner/PM Initials _____

I acknowledge that the Utility Services account will not be changed into the new tenant's name until the Utility Department receives this signed Utility Billing Waiver and a signed Tenant's Utility Services Request. These forms will require notarization or a copy of a Government issued ID if either of them are filed remotely. The original document is required.

Owner/PM Initials _____

I acknowledge that I relinquish my/our authority to terminate Utility Services to the property while occupied by the tenant. I recognize that I may not be notified in the event of non-payment, and that the tenant may discontinue Utility Services to the account at any time during their tenancy.

Owner/PM Initials _____

I do hereby acknowledge that I/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 as the Property Owner, I will be responsible for payment of said debt.

Owner/PM Initials _____

I will ensure that all balances prior to this tenant's move-in are paid by their due date. I understand that any unpaid balances can and will result in discontinuation of Utility Service at the above stated address (Municipal Code 13.12.060). I also understand that the tenants will be directed to contact their Property Owner or Management Company should the Utility Service be disconnected due to non-payment of the Utility Services prior to their move-in date.

Owner/PM Initials _____

I acknowledge that any and all amounts due for Utility Services shall constitute a lien on the real property which will secure the amount due. Discontinuation of Utility 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 the City of Moses Lake will release any information requested about account to the aforementioned tenant(s) during their tenancy. The information released may be, but is not limited to; the account balance, payment history, or delinquent status.

Owner/PM Initials _____

As Property Manager, I acknowledge that I must provide the Utility Department a copy of the contract between the Management Company and the Property Owner.

Owner/PM Initials _____

Property Owner/PM Information

Name(s): _____ Phone#: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Dated: _____

This Utility Billing 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. Utility Services will not be put in the name of the new tenant until both this document and the completed Tenant Utility Services Request form are received by the Utility Department.

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I would like to have a duplicate copy of my tenant's Utility Service billing statement sent to me at the above address.

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# _____ Rcvd By: _____ Time: _____ Date: _____