



## Garbage Services Waiver

[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)

Effective Date: \_\_\_\_\_

Tenant/Contractor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Tenant/Contractor's Mailing Address: \_\_\_\_\_

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

### POINT OF CONTACT

_____	_____	_____
Name	Phone#	Email

The Property Owner or Property Manager of the above described property, does hereby instruct the City of Moses Lake to deliver requested garbage receptacles to the above mentioned property.

**Owner/PM Initials** \_\_\_\_\_

I do hereby acknowledge that the Property Owner will remain responsible for any unpaid account balances for Garbage Services provided by the City of Moses Lake (Municiple Code 13.12.060).

**Owner/PM Initials** \_\_\_\_\_

I acknowledge that any and all amounts due for Garbage Services shall constitute a lien on the real property which will secure the amounts due. Cancellation of Garbage services to the property will not release any lien for amounts due (Municiple Code 13.12.060, 8.08.133).

**Owner/PM Initials** \_\_\_\_\_

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

**Owner/PM Initials** \_\_\_\_\_

**Property Owner/PM Information**

Name(s): \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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

\*\*\* This Garbage Services 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. Garbage Services request will not be completed for the occupant until this signed document is 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

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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: \_\_\_\_\_