



## REQUEST FOR UTILITY ACCOUNT CHANGES

[www.cityofml.com](http://www.cityofml.com) – PO Box 1579 Moses Lake, WA 98837 – P (509)764-3719 – F (509)764-3738 – Email [ub@cityofml.com](mailto:ub@cityofml.com)

### Account Info

Date Changes are Effective \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Holder \_\_\_\_\_ Phone Number \_\_\_\_\_  
Service Address \_\_\_\_\_, Moses Lake, WA 98837

### Please Select All Changes That Apply

Legal Name Change (Please provide current photo I.D.)

First \_\_\_\_\_ Last \_\_\_\_\_

Change of Mailing Address

Address \_\_\_\_\_

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

Discontinue Garbage and Ambulance Utility due to vacancy  
(Vacancy for 30+ concurrent days required)

Stop Service Date \_\_\_\_\_ Resume Service Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only

Received Date \_\_\_\_\_ By \_\_\_\_\_ Account Updated By \_\_\_\_\_