



Scan for
Fee Schedule

Temporary Garbage Service 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: _____ UBI# _____

Service Address: _____ Moses Lake, WA 98837

Mailing Address: _____

City: _____ State: _____ Zip: _____

I acknowledge that this request will not be processed until the Utility Department receives a Garbage Services Waiver completed by the property owner or Management Company of the property.

Initials _____

I acknowledge that 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.

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# _____

Rcvd By: _____ Time: _____ Date: _____