



# Temporary Garbage Service Request

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

Account No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

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

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

As contractor or tenant of the above described property I do hereby request the City of Moses Lake and Lakeside Disposal to deliver requested garbage receptacles to the above mentioned property.

**Initials** \_\_\_\_\_

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 that balance promptly on time each month.

**Initials** \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**\*\*\*This Temporary Garbage Service Request form must be notarized 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 my name until this document is received by the Utility Department.\*\*\***

[SEAL]

Subscribed and sworn to before me on this date:	My Commission expires:
Notary Public Signature:	Residing at:

Received By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_