



CITY OF SOAP LAKE

PO Box 1270
239 2nd Avenue SE
Soap Lake, WA 98851
509-246-1211 (Phone)
509-246-1213 (Fax)
www.soaplakecity.org

office use only	Deposit Received	Y N	\$ _____
	Other Charges		\$ _____ For _____
	Senior Garbage Rate	Y N	65 or older
	Service Address	_____	

This Form is to be completed for ANY change in account status: Change of owner, tenant, or change of mailing address of party receiving billing.

APPLICATION FOR WATER/SEWER/GARBAGE SERVICE

DATE _____ NEW ACCT _____ CHANGE _____ UTILITY ACCOUNT NUMBER _____

APPLICANT IS THE: Owner _____ Tenant _____ Authorized Agent _____

Tax ID Number _____ Picture ID Number _____

BILLS TO BE MAILED TO: Owner _____ Tenant _____ Authorized Agent _____

OWNERS NAME _____ OWNERS PHONE _____

OWNERS MAILING ADDRESS _____

COMPLETE THIS SECTION ONLY IF TENANT IS TO RECEIVE BILL

NAME OF TENANT _____

TENANT MAILING ADDRESS _____

PHONE NUMBER OF TENANT _____

AUTHORIZE RENTER TO RECEIVE THE UTILITY BILL AND AFFIDAVIT OF RESPONSIBILITY

I _____ by my notarized signature on this form authorize:
(please print)

and affirm that I understand that I, as owner of the property, am still held liable for payment of the utility bill on this property.

NAME OF OWNER/AGENT _____
(please print)

DATED THIS _____ DAY OF _____ 20 _____

SIGNED _____

STATE OF _____ Washington _____

COUNTY OF _____ Grant _____

SIGNED OR ATTESTED BEFORE ME ON THE _____ DAY OF _____ 20 _____

NEW UTILITY CUSTOMERS WILL BE BILLED:

\$100.00 DEPOSIT (Refunded after 24 months if no late payments)

\$20.00 Turn On fee (If applicable)

NOTARY PUBLIC _____

NEW UTILITY ACCOUNTS REQUIRE A COPY OF BILL OF SALE