



**CITY OF SOAP LAKE**

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

**UTILITY BILL  
TRANSFER REQUEST**

**Owner Authorization for Renter to Receive the Utility Bill and Affidavit of Responsibility**

Renter must present Photo ID before request can be processed

DATE \_\_\_\_\_ UTILITY ACCOUNT NUMBER \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

I, \_\_\_\_\_, by my notarized signature on this form do hereby authorize (renters name) \_\_\_\_\_, renter of my property at (property address) \_\_\_\_\_, (renter phone) \_\_\_\_\_ to receive the water/sewer/solid waste utility bill at the following address (renter's mailing address -**please print**) \_\_\_\_\_

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
My Commission Expires