



Utilities Service Application

Service Address:

Service Start Date:

Property Is: Residential Commercial

City of Medical Lake
 P.O. Box 369
 Medical Lake, WA 99022
 Phone: (509) 565-5000
 www.medical-lake.org

IF YOU ARE THE PROPERTY OWNER OR PROPERTY MANAGER

Name:

Mailing Address:

City: State: Zip:

Phone: Cell Phone:

Driver's Lic. #: ****Photo ID Required****

Email Address:

IF YOU ARE THE TENANT (May be filled out by the Property Owner or Property Manager)

Name:

Mailing Address:

City: State: Zip:

Phone: Cell Phone:

Email Address:

NOTE: For rentals, both above sections must be completed.

GARBAGE

Residential (once per week): Size: Select

Commercial: #: Select Size: Select Times Per Week: Select

I affirm that all information on this application is true and correct. I will assume the full responsibility of all financial obligations at the above service address until I have notified the City in writing to discontinue service.

I hereby promise to pay all bills for services when due, and understand there are penalties on all unpaid balances, including discontinuation of service.

Signature of Owner or Authorized Agent: _____ Date: _____

Please print the completed form and return to City Hall located at S. 124 Lefevre St., fax to (509) 565-5008 or mail to the above address. If returning by mail or fax, please include a copy of your driver's license or other photo ID.

For Office Use Only

Photo ID Attached

Meter Reading: _____

Account Number: _____

Issued By: _____ Date: _____