



Utilities Service Application

City of Medical Lake

P.O. Box 369

Medical Lake, WA 99022

Phone: (509) 565-5000

www.medical-lake.org

Service Address:

Service Start Date:

(State date cannot be prior to completion date of this form)

Name:

Mailing Address:

City/State/Zip:

Phone No.:

Driver's Lic. No.:

Email Address:

Owner/Landlord:

Garbage

Residential:	20Gal	35Gal	64Gal	96Gal
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I affirm that all information on this application is true and correct. I assume the full responsibility for the payment of all utility related obligations accrued, beginning on the Service Start Date, at the above service address until I have notified the City to discontinue services.

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

Signature of Owner or
Authorized agent: _____ Date: _____

Please remit the completed form to City Hall, located at 124 S Lefevre St., mail to P.O. Box 369, Medical Lake, WA 99022, or email to city@medical-lake.org

For Official Use Only	Meter Reading: _____
Photo ID Attached	Account No.: _____
Issued By: _____	Date: _____