



# Utility Services Disconnect

City of Medical Lake

P.O. Box 369

Medical Lake, WA 99022

Phone: (509) 565-5000

www.medical-lake.org

Service Address:

Service End Date:

(End Date cannot be before form completion date)

Name:

Mailing Address:

City/State/Zip:

Phone No.:

Driver's Lic. No.:

Email Address:

Owner/Landlord:

Garbage

Residential:

20Gal

35Gal

64Gal

96Gal

I understand that water services will be disconnected at the service address above, as of the Service End Date

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 up to the Service End Date.

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](mailto:city@medical-lake.org)

**For Official Use Only**

Meter Reading: \_\_\_\_\_

Photo ID Attached

Account No.: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_