



CITY OF TENINO

149 Hodgden Street South

PO Box 4019

Tenino, WA 98589

(360) 264-2368 FAX (360) 264-5772

APPLICATION FOR UTILITY SERVICE

FEE IS \$40.00

SERVICE ADDRESS: _____

OFFICE USE ONLY

Tap Number: _____	Type of Account: _____	# of Units _____
Date Paid: _____	Amount: _____	TR #: _____

This service will be established in your name and mailed to your billing address. As of the date of this application the balance shown at the right was outstanding and billed through the date shown. If a closing bill for this utility is requested as part of the normal closing procedures as described in Chapter 60.30 of the Revised Code of Washington, the balance through the date of closing will be paid by the former owner. If not, the account will be transferred to your name and no closing bill will be produced.

Balance as of:

___/___/___

\$ _____

OWNER INFORMATION

Property Owner(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MAILING ADDRESS FOR BILLS AND CORRESPONDENCE

Billing Name(s): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ATTEST: I (we) certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and that further I (we) understand pursuant to Title 13 of the Tenino Municipal Code that I (we) shall be responsible to the City of Tenino water services, which may include late fees and other related charges, and services may be discontinued in the event of non-payment.

Signature: _____ Date: _____
 Please Print: _____

Signature: _____ Date: _____
 Please Print: _____

NOTE: Both property owner and occupant must sign this form if occupant will be paying for the water service.