



# CITY OF TENINO

149 S. Hodgden Street

P O Box 4019

Tenino, WA 98589

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

## APPLICATION FOR WATER SERVICE

**FEE IS \$25.00**

### OFFICE USE ONLY

Service

Address: \_\_\_\_\_

Account

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### MAILING ADDRESS FOR BILLS AND CORRESPONDENCE

Billing Name(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**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.