APPLICATION FOR UTILITY SERVICE

WATER - SEWER - GARBAGE

APPROVED YES ☐ NO ☐

OFFICIAL USE ONLY

SERVICE NUMBER 2025 -

DATE / /

OFFICIAL USE ONLY

☐ $20 TURN ON FEE

ACCOUNT NO _____ WORK ORDER NUMBER _____

DEPOSIT _____ RECEIPT NUMBER _____

DATE PAID _____ CITY OFFICIAL _____

SERVICE CONNECTION INFORMATION

SERVICE ADDRESS - GRANT COUNTY PARCEL NUMBER	CONNECTION DATE
MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS)	CITY & ZIP CODE

☐ NEW ACCOUNT ☐ RESIDENTIAL ☐ COMMERCIAL ☐ OWNER / LANLORD ☐ RENTAL / LEASE

GARBAGE SERVICE

SENIOR ☐ 64 ☐ 96 ☐ 1YD ☐ 2YD ☐ → CDSI ☐ 3YD ☐ 4YD ☐ 6YD ☐ 8YD ☐

APPLICANT OWNER / BUSINESS OWNER INFORMATION

LAST NAME/ BUSINESS NAME	FIRST NAME	*SSN/TAX ID - -
DRIVERS LICENSE # OR BUSINESS LICENSE #	DATE OF BIRTH	EMAIL
PRIMARY PHONE	MAILING ADDRESS	EMPLOYER

CO-APPLICANT - TENANT [Must Sign Below]

LAST NAME/ BUSINESS NAME	FIRST NAME	SOCIAL SECURITY NUMBER
DRIVERS LICENSE # OR BUSINESS LICENSE #	DATE OF BIRTH	MAILING ADDRESS
RELATION TO OWNER	PRIMARY PHONE	EMAIL

SERVICE AGGREEMENT

I (applicant/co--applicant) hereby request City Of Soap Lake to provide applicable utility services which may include but not limited to water, sewer, garbage at the above service location. I (applicant/co--applicant) agree to pay all charges for services rendered as a result of this request. I (applicant/co--applicant) understand and agree that failure to pay any amount due to the City can result in services not being connected/reconnected until such payment has been received. I have read and accept the terms of the Applicant/Co--Applicant Responsibilities as noted on this form. $ 100 Deposit (Refundable after 24 months if no late fees have been assessed) $ 20 Turn of Fee all new Utility Customers will be billed.

X OWNER SIGNATURE	DATE	X CO- APPLICANT - TENANT SIGNATURE	DATE

Return Application to:

City Of Soap Lake 239 2nd Ave SE, PO Box 1270, Soap Lake WA 98851 website@soaplakewa.gov

www.soaplakewa.gov