



CITY OF ORTING

110 TRAIN ST. SE, PO BOX 489, ORTING WA 98360
Phone: (360)893-2219 FAX: (360)893-6809
www.cityoforting.org

Application for Utility Service

Owner Name: Owner Phone #:

Service Location: Start Date:

Mailing Address (If different than service location):

Drivers License # SS #:

Name of Employer: Employers Phone #:

I hereby make application for utility services from the City of Orting, Washington, subject to all of the provisions of City Ordinances now existing or hereafter adopted and I agree to pay all charges as provided for therein and that the obligations of the parties are covered thereby.

I understand the City of Orting shall have a lien against the property in accordance with RCW 35.21 and RCW 35.67 of charges which shall be the obligation of the owner of the property, its heirs, successors and assigns, until the same is paid in full.

I understand if I put the billing in the name of my tenant and if the tenant fails to pay the utility bill I will be responsible for all charges including but not limited to utility bill, penalties and any other utility billing fees.

Owners Signature: Date:

For my convenience, please establish a utility billing account for my tenant (all required information must be provided in order to bill the tenant).

Tenant name: Tenant Contact #: *Required *Required

Tenant mailing address: *Required City, State, Zip

STATE OF WASHINGTON
COUNTY OF

On this day personally appeared before me, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this day of, 200

Notary Public residing at Printed Name

My Commission Expires: