



PO Box 489, Orting, WA 98360
 Phone: (360) 893-2219 Fax: (360) 893-6809
 www.cityoforting.org

Application for Utility Service

Owner(s) Name: _____ Owner Phone #: _____

Email Address: _____

Service Location: _____ Start Date: _____

Mailing Address (different than location): _____

Drivers' License # _____ State license was issued in: _____

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 **(OMC 9-1B-7)** now existing or hereafter adopted and agrees to pay all charges as provided for therein and that the obligations of the parties are covered thereby. This application shall automatically grant the City of Orting the right to access the property for performance of the City's services. I hereby certify that I am the legal property owner and have the authority to establish utility services at the above service location.

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. The City may enforce the lien by shutting off and not restoring water and/or sewer until all delinquent and unpaid charges are paid in full. The City of Orting may also employ other legal remedies such as collection agencies, small claims court or an attorney to collect the unpaid amount for the property owner.

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. A \$150 utility deposit is required before a utility account will be set up in the tenant's name.

(Utility Deposit: 634.386.00.04.00 – Res #2004-13)

Owners Signature: _____ Date: _____

Please initial if you are allowing the City to establish a utility billing account for your tenant.
 (All required information must be provided in order to bill the tenant).

Tenant Name: _____	Phone: _____
Tenant Mailing Address: _____	
City,	State, Zip
Tenant Start Date: _____	Tenant Signature: _____

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 _____, 201__

Notary Public residing at _____ Printed Name _____

My Commission Expires: _____