

CITY OF ORTING UTILITY BILLING 104 Bridge St South PO Box 489 | Orting, WA 98360 Phone: 360.893.9005 | Fax: 360.893.6809 utilitypay@cityoforting.org

Application for Utility Service

Owner or Tenant Name:	
Phone:	Email:
Physical Address:	Start Date:
Mailing Address (If different):	
am the Owner Tenant	
of City Ordinances now existing or hereafter adopte hat the obligations of the parties are covered there Orting the right to access the property for performa	he City of Orting, Washington, subject to all of the provisions ed and agrees to pay all charges as provided for therein and eby. This application shall automatically grant the City of since of the City's services. I hereby certify that I am the legal utility services at the above service location (unless Tenant
35.67 of charges which shall be the obligation of thuntil the same is paid in full. The City may enforce until all delinquent and unpaid charges are paid in	ainst the property in accordance with RCW 35.21 and RCW to Owner of the property, its heirs, successors and assigns, the lien by shutting off and not restoring water and/or sewer full. The City of Orting may also employ other legal remedies an attorney to collect the unpaid amount for the property
	ling in the name of my Tenant, I am responsible for all lties and any other utility billing fees in the event that the
Owner or Tenant Signature:	Date:
OWNER ONLY: 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).	