



Application for Water/Sewer Service

Service Address _____

Effective Date _____

New Construction _____ New Owner _____ New Renter* _____

Proof of Purchase for new owners is required with Application (FINAL Alta Settlement Statement or RECORDED Warranty Deed). Completed applications may be brought to 100 N Main St White Salmon, WA, mailed to PO Box 2139 White Salmon, WA 98672 or emailed to: utilityclerk@ci.white-salmon.wa.us.

Active garbage service is required inside city limits. If garbage service is not maintained, fees and penalties may apply. Please contact Republic Services at (509) 773-5825 or at www.republicservicesNW.com

Occupant Name _____ Additional Name _____

Mailing/Forwarding Address _____

City, State, Zip _____

Home Phone _____ Cell / Business / Emergency Phone _____

Email address _____

Signature of Applicant

Occupant Printed Name

Date

* MUST BE COMPLETED IF YOU ARE A RENTER—PROPERTY OWNER INFORMATION

Per WSMC 13.16.065c "The City, upon written request of a property owner, will send a duplicate monthly bill to a tenant." *I certify that I am the owner of record, and I understand that as the property owner I am ultimately responsible for all City of White Salmon utility billing, including any usage, late fees, and shut off fees that may be incurred by tenants. I agree to have a duplicate bill for my account sent to the occupant/tenant listed above. No new account will be created for tenants. Property Management Company must provide management contract to complete on behalf of owner.*

Landlord Signature _____

Printed Name _____

LANDLORD CONTACT INFORMATION:

Landlord Account Number: _____

Mailing Address _____

City, State and Zip _____

E-mail Address _____

Phone _____

For City of White Salmon Use Only:

Was proof of purchase provided? Yes No

Duplicate Billing? Yes No

Service Location _____

Off Account Number _____

New Account Number _____

Work Order# _____

Reading _____

Date _____

Inside / Outside City Limits

If inside city, has garbage service been confirmed? Yes No Date _____

Account updated by _____

Date _____

Account reviewed by _____

Date _____

PO Box 2139

100 N Main St., White Salmon, WA 98672

Office: (509) 493-1133

Web Site: www.whitesalmonwa.gov

The City of White Salmon is an equal opportunity employer and provider.