APPLICATION FOR UTILITY SERVICE

WATER - SEWER - GARBAGE



ORDER NUMBER 2024 -	ORDER	NUMBER	2024 -
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DATE /

APPROVED [

YES	NO 🗆
OFFICIAL	LICE ONLY

OFFICIAL LISE ONLY

\$20 TURN ON FEE

ACCOUNT NO	WO	rk order number						
DEPOSIT	REC	RECEIPT NUMBER						
DATE PAID	CIT	CITY OFFICIAL						
■ NEW ACCOUNT ■ RESIDENTIAL ■ COMMERCIAL ■ OWNER / LANLORD ■ RENTAL / L								
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	SECONDARY PHONE		EMPLOYER					
DRIVERS LICENSE # OR BUSINESS LICENSE #	DATE OF BIRTH		EMAIL					
CO-APPLICANT [Co-Applicant Must Sign Below]								
LAST NAME/ BUSINESS NAME	FIRST NAME		SOCIAL SECURITY NUMBER					
DRIVERS LICENSE # OR BUSINESS LICENSE #	DATE OF BIRTH		EMAIL					
RELATION	PRIMARY PHONE		SECONDARY PHONE					
SERVICE CONNECTION INFORMATION								
SERVICE ADDRESS - GRANT COUNTY PARCEL NUMBER		CONNECTION DATE						
MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS)		CITY & ZIP CODE						
	GARBAGE S	ERVICE						
SENIOR 64 96 IYD	2YD	CDSI 3Y	D 4YD 6YD	BYD				
	SERVICE AG	GREEMENT						
I (applicant/coapplicant) 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/coapplicant) agree to pay all charges for services rendered as a result of this request. I (applicant/coapplicant) 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/CoApplicant 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 APPLICANT SIGNATURE	DATE	X APPLICANT SIGNATURE DATE						
B : A D : .								

Return Application to:

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