

**APPLICATION FOR UTILITY SERVICE**  
**WATER - SEWER - GARBAGE**



SERVICE NUMBER

DATE

APPROVED  YES  NO   
OFFICIAL USE ONLY

OFFICIAL USE ONLY

\$20 TURN ON FEE

ACCOUNT NO _____	WORK ORDER NUMBER _____
DEPOSIT _____	RECEIPT NUMBER _____
DATE PAID _____	CITY OFFICIAL _____

**SERVICE CONNECTION INFORMATION**

SERVICE ADDRESS - GRANT COUNTY PARCEL NUMBER	CONNECTION DATE
MAILING ADDRESS ( IF DIFFERENT FROM SERVICE ADDRESS)	CITY & ZIP CODE

NEW ACCOUNT     RESIDENTIAL     COMMERCIAL     OWNER / LANLORD     RENTAL / LEASE

**GARBAGE SERVICE**

SENIOR  64  96  1YD  2YD        CDSI  3YD  4YD  6YD  8YD

**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	MAILING ADDRESS	EMPLOYER

**CO-APPLICANT - TENANT [ Must Sign Below ]**

LAST NAME/ BUSINESS NAME	FIRST NAME	SOCIAL SECURITY NUMBER
DRIVERS LICENSE # OR BUSINESS LICENSE #	DATE OF BIRTH	MAILING ADDRESS
RELATION TO OWNER	PRIMARY PHONE	EMAIL

**SERVICE AGREEMENT**

I (applicant/co--applicant) 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/co--applicant) agree to pay all charges for services rendered as a result of this request. I (applicant/co--applicant) 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/Co--Applicant 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.

<input checked="" type="checkbox"/> OWNER SIGNATURE	DATE	<input checked="" type="checkbox"/> CO- APPLICANT - TENANT SIGNATURE	DATE
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Return Application to:  
 City Of Soap Lake 239 2nd Ave SE, PO Box 1270, Soap Lake WA 98851 brookyo@soaplakewa.gov  
 www.soaplakewa.gov