



HISTORIC WILKESON

540 Church Street
PO Box 89 Wilkeson, WA 98396
Phone: (360) 829-0790 Fax: (360) 829-4292
Website: townofwilkeson.com

Application for Utility Service

Owner Name: _____ **Owner Phone:** _____

Email Address: _____

Service Location: _____ **Start Date:** _____

Mailing Address (if different than location): _____

2nd Contact: _____ **Email:** _____ **Phone:** _____

I hereby make application for utility services from the Town of Wilkeson, Washington, subject to all of the provisions of Town Ordinance (WMC 13.05) 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 Town of Wilkeson the right to access the property for performance of Town 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 Town of Wilkeson 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 Town of Wilkeson 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 Town of Wilkeson 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 included but not limited to utility bill, penalties and any other utility billing fees. A \$295.00 utility deposit, plus \$5 administration fee, is required before a utility account will be set up in the tenant's name. A \$90 Utility deposit is required on all water only accounts.

Owner's Signature: _____ **Date:** _____

_____ Please initial if you are allowing the Town 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 Email: _____

Tenant Start Date: _____ **Tenant Signature:** _____

FOR OFFICE USE ONLY

Beginning Meter Reading: _____ **Date:** _____

Utility Clerk Signature: _____ **Date:** _____