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 either (FINAL ALTA Settlement Statement or RECORDED Warranty Deed). Completed applications may be brought to 100 N Main Avenue, White Salmon, WA. 98672, mailed to P.O. Box 2139, White Salmon, WA. 98672, or emailed to: utilityclerk@whitesalmonwa.gov.

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.repbulicservicesNW.com.

Occupant Name: _____ **Additional Name**: _____

Mailing/Forwarding Address: _____

City, State, Zip: _____

Primary Phone: _____ **Additional Phone**: _____

Email Address: _____ **Additional Email Address**: _____

_____ _____ _____

Applicants Signature | Applicants Printed Name | Date

***TENANT DUPLICATE BILLING AUTHORIZATION (Must be completed by property owner if you are renting)**

Per **WSMC 13.16.065c**: *"The city, upon written request of the property owner, will send a duplicate monthly bill to a tenant."* I certify that I am the owner of record for the property listed above, and I understand that, as the property owner, I am **ultimately responsible for all City of White Salmon utility billing**, including any usage charges, late fees, and shut-off fees that may be incurred by tenants. By signing below, I authorize the City of White Salmon to send a **duplicate utility bill** for my account to the tenant or occupant listed on this form. I acknowledge that **no new account will be created** in the tenant's name. I further understand that **Property Management Companies** must provide a copy of their **management contract** in order to represent the owner in utility matters.

Landlord Signature: _____ Printed Name: _____

LANDLORD CONTACT INFORMATION: Landlord Account Number: _____

Mailing Address: _____ City, State, and Zip: _____

Email Address: _____ Phone: _____

For City of White Salmon Use Only:

Was proof of purchase provided? ☐ **Yes** ☐ **No** **Duplicate Billing?** ☐ **Yes** ☐ **No**

Service Location: _____

Account Number: _____ ☐ New Tenant ☐ New Account New Account Number: _____

Work Order Number: _____ Reading: _____ ☐ Inside / ☐ Outside City Limits Date: _____

Account update by: _____ Date: _____

Account reviewed by: _____ Date: _____

P.O. Box 2139
100 N Main Ave, White Salmon, WA. 98672

Office: (509) 493-1133
Website: whitesalmonwa.gov