



Request for Utility Account Changes

Cityofml.com – PO BOX 1579 Moses Lake – P 509-764-3701 – F 509-764-3738 – ub@cityofml.com

Account Info

Account #: _____ Effective Date: _____

Account Holder: _____ Phone#: _____

Email: _____

Service Address: _____ Moses Lake, WA 98837

Please Select All Changes That Apply

☐ Legal Name Change (Please provide current photo I.D.)

First: _____ Last: _____

☐ Change of Mailing Address

Address: _____

City: _____ State: _____ Zip: _____

☐ Discontinue Garbage and Ambulance Utility due to vacancy
(Vacancy for 30+ concurrent days required)

Stop Service Date: _____

Resume Service Date: _____
(will resume 60 days from stop date if blank)

Print Name

Signature

Date

FOR INTERNAL USE ONLY

Date Received: _____ Rcvd By: _____ Acct. Updated By: _____